

# State of Montana Statewide Assessment

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## *Section I - General Information*

Montana's Child and Family Services Division administers a variety of programs that help protect vulnerable children who suffer from abuse, neglect or abandonment. The division works closely with communities and providers to help families to increase their ability to nurture and provide for their children.

The division's mission is to “**keep children safe and families strong.**” The mission has two important elements. First, the division exists to provide protection for those who are not able to protect themselves. Second, the mission recognizes that the best way to provide protection is to ensure that all Montanans are part of a strong, loving family. Underlying the mission is the belief that families are part of communities and that communities provide the best opportunity to support and nurture them. The programs administered by the division must protect and honor the strengths of families as well as respect the community's central role.

The Child and Family Services Division (CFSD), a part of the Department of Public Health and Human Services (DPHHS), is administered from five geographical regions across the state which all report to the central state office in Helena. The Department of Public Health and Human Services is designated by statute as the agency responsible for the protection of children who are abandoned, neglected or abused, and the Child and Family Services Division is specifically charged with the duty to respond to reports of child abuse or neglect and to provide protective services when necessary, including the authority to take temporary or permanent custody of a child when ordered to do so by the court. Unless services are provided with the agreement of the parent, the court must authorize or approve the actions taken by DPHHS to protect the child.

An investigation of child abuse/neglect will result in one of the following determinations:

- Substantiated -- based on evidence which, as a whole, shows that the facts sought to be proved related to the alleged abuse, neglect, sexual abuse, or exploitation indicate that it is more probable than not that the abuse or neglect actually occurred (preponderance of evidence);
- Indicated -- used when maltreatment has occurred but the perpetrator of the maltreatment is not a person legally responsible for the welfare of the child or is unknown;
- Unsubstantiated -- used when the worker, upon investigating, is unable to demonstrate by a preponderance of evidence as to whether any abuse or neglect occurred;
- Unfounded -- used when there is no reason to suspect abuse/neglect occurred;
- Closed Without Finding -- used when the family cannot be located or the investigation cannot be completed due to court order, administrative directive, etc.

It is the philosophy of the Division that placement of a child out of his or her home should occur only after careful consideration of the alternatives and a determination that

## **State of Montana Statewide Assessment**

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the safety of the child is threatened due to immediate or apparent danger of maltreatment. The safety of the child is the primary consideration. Every effort is made to avoid multiple placements. The foremost goal is to reunify the family, but when that is not possible, the goal is to promptly implement a permanent placement plan. The Division is committed to the expedited permanent placement of children who are placed in substitute care.

Children are to be placed in the least restrictive, most appropriate setting necessary to meet the needs of the child. These settings include: a member of the child's immediate family, other relatives or friends as appropriate, a licensed youth foster family, a licensed youth group home, a licensed child care agency.

In cases where reunification is not possible, adoption is the primary option for permanency for children. When there is a high probability that parental rights will be terminated, children are placed immediately in a foster/adoptive home, if available. Montana participates in the Waiting Child program and publishes a "Treasure Book" of children awaiting adoptive homes.

Other options available to provide permanent family settings for children in Montana are legal guardianship and permanent foster care.

Montana's family preservation programs focus on the prevention of child abuse in at-risk families with intensive home visitation programs, parent education classes and family support services.

More detail about our programs is provided in the following discussion of the seven systemic areas of the review.

# State of Montana Statewide Assessment

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## Section II - Systemic Factors

### A. Statewide Information System Capacity

1. *Discuss how effectively the State is able to meet the State plan requirement that it operates a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*

Montana implemented its Statewide Automated Child Welfare Information System (SACWIS) in 1996. The mainframe information system is called CAPS (Child and Adult Protection System). CAPS is considered to be the official case record of the child protection services provided by the Division. Intake information, assessment/investigation results, person information, contacts, services provided, court history, paid and non-paid placements, and payment information must be recorded on CAPS. A case file in the local office containing documents from contracted providers, service providers, correspondence, court orders, etc. may contain supporting documentation. CAPS records are routinely updated and must be completed before closure.

CAPS is designed to provide the following benefits:

- Automates the tracking of all report/referral/investigation information
  - As soon as a report is entered on the CAPS system, it can be assigned to a worker for investigation, thus increasing response time. Beginning in January 2002, Montana converted from a local intake system to a central intake system. CPS reports are taken by phone, entered on CAPS and assigned to a field worker or supervisor. In most cases, the electronic record is entered and assigned within a one hour time period.
  - The safety of children has been increased in many ways with the implementation of the CAPS system. One obvious advantage is that any worker anywhere in the state can conduct an online person search to reveal any past incidents of abuse/neglect or to perform CPS background checks. A CAPS search can be conducted at any time of day or night, even from a home computer with a modem attached.
- Automates case management by tracking all contacts made with individuals associated with a case; tracking services offered; tracking court actions; maintaining client information such as relationships, addresses, aliases, educational background, medical history, special needs, and financial resources.
  - The system uses "required fields" to ensure all pertinent data is entered.
  - Through a document generation (DocGen) feature, forms used routinely by social workers such as the Case Plan, Treatment Plans, Permanency Plans, ICWA forms, and many others that aid workers in managing cases, are automatically populated with information maintained on the CAPS

## State of Montana Statewide Assessment

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system. If necessary, workers can enter additional information as well. These documents can then be either printed and shared with foster care review committees, permanency teams, Courts, etc., or attached and retrieved online.

- System-generated “alerts” remind workers of upcoming key events, such as case reviews, permanency hearings, etc., and also notify them of changes in case status. Workers can also enter reminders to themselves and be alerted for non-routine events.
  - Status and goals for children in care can be routinely updated.
  - CSW Supervisors can utilize CAPS to monitor the progress of cases.
- Fulfills the requirements of AFCARS and NCANDS DCDC reporting
  - Montana’s AFCARS reports have been penalty-free since the first submission.
  - The DCDC report was completed in January 2002 and run against data from 1998, 1999, and 2000 for the purpose of this review.
- Maintains provider information such as licensing requirements; placement history for a provider facility; services provided; provider rates; key personnel; provider training; and payment history.
  - Provides more ease in finding appropriate placements for children.
  - Alerts workers whenever a provider is found to be out of conformance -- the CAPS system sends an alert to the worker assigned to any children in the care of that provider so that the children can be immediately removed if their safety is at risk.
  - Automates the payment approval process and warrant issuance to service providers.
  - Service providers are able to view payment status through our Virtual Pavilion.
- Produces monthly and annual reports.
  - Pre-designed CAPS reports are available online via a Report Distribution System and also via a software package called Document Direct.
  - Some, very simple, online queries are possible.
- Eligibility
  - Eligibility is determined by workers in the Office of Public Assistance (not CFSD) and entered on their information system (TEAMS). There is currently no automatic interface between the two systems, but our workers can view the eligibility on the TEAMS system.
- Security
  - CAPS users are assigned an access code that sets appropriate read/write limitations on their use of the system.
  - Workers can view another worker’s cases within their county jurisdiction only. If there is a need to view information on a case in another county, a worker can request shared access or they can assign themselves to the case (this action generates an alert to the assigned worker).

## State of Montana Statewide Assessment

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Data from the CAPS system serves a variety of needs. Each month the Division's management team receives reports that cover the entire spectrum of services: investigations, placements (for all children in state and tribal custody), exits, numbers of children in care 15 of 22 months, numbers and types of permanent placements, numbers of licensed foster homes. Data is provided by region to help in readily identifying any anomalies that may occur.

Supervisors and Regional Administrators use the CAPS system daily to manage caseloads, to ensure work is accomplished in a timely manner, to review casework/case notes. CAPS allows them quick access to historical records and legal status of children in our custody. Because CAPS is an older mainframe system, retrieval of text attachments, e.g. case notes, is slow. This has been identified by field workers a problem needing attention.

CAPS is also used in performing child protective services background checks on persons seeking employment in child care services and persons seeking licensure for foster care or adoption.

A large number of pre-designed reports are automatically generated on a monthly, quarterly, or annual basis to aid in managing the work of the Division. These reports are very useful and provide information on investigations/determinations, out-of-home care, entry cohort data, ICPC, parental rights terminated; children in care 15 of 22 months, permanency planning, caseload, provider licenses, youth in independent living programs, out-of-state care, as well as many fiscal management reports. The same series of reports is created for children in the care of Tribal Social Services.

Extraction of data, however, remains a weakness of the CAPS system. Because of its design as a mainframe system, creation of new reports requires that a program be written to extract the data and present it in a usable format. The limited number of programmers under contract makes it very difficult to have a new report created—other CAPS change requests typically take precedence over report requests. Though the state is in compliance with both AFCARS and NCANDS DCDC reporting, much of the information provided electronically in these reports to ACF is not available in any usable format for state staff. The same frustrations apply when trying to do online queries on the CAPS system. Only the most basic of queries can be performed online. It should be noted, however, that whenever management expresses a critical need for information from the CAPS system, other work is put aside and the contractor is able to respond in a very efficient and timely manner.

System accessibility is very good; every office in the state is connected. The CAPS system can even be accessed from a home computer with a modem. CAPS person searches can be performed from anywhere in the state during day or night hours, which means workers going out on emergency investigations are able to access prior history information. CAPS users experience very little system downtime.

## State of Montana Statewide Assessment

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In many rural areas of the state, access is still slow for both entry and retrieval of information. This might be remedied with options like broad band communication lines, but the cost is prohibitive and not practical at this time.

Stakeholders are not very familiar with the functionality of the CAPS system. They have heard the CAPS system is tedious for workers who are already stretched to the limit and they feel a more efficient system could enable more productivity. They also believe that our management should have better accessibility of the information for management purposes. They expressed a desire to have the information we do have more accessible to the public, especially for tasks like grant writing.

Some of the stakeholders are contracted with CFSD to provide family prevention/preservation services and they would like to see the prevention data maintained on the CAPS system. This is not currently done, but it is recognized as a need.

The information maintained on the CAPS system is as accurate and current as the worker who enters it into the system. Being a mainframe system, it is very reliable; but data entry is somewhat tedious. The week-long training for new workers is offered monthly, but frequently workers are so desperately needed in their offices, that they cannot afford to be away for one week. It is our belief that data entry, not practice, is the reason for the apparent non-conformity with the national standard for children re-entering foster care within a 12-month time period and possibly also the number of cases with more than two placements within a 12-month period. Since CAPS is a payment system, many of our workers believe they have to close foster care when a child enters respite care for the weekend, or goes home for a trial visit or runs away for a few days, and then they re-open foster care with the same family. This has been identified as a problem and a system change is being developed to allow these events (respite care, trial visits, runaways, etc) to be entered as a 'status,' rather than a placement.

Some capabilities of the CAPS system, such as medical information and school records seldom get utilized because it is more efficient to make paper copies of school records and medical records for the paper file than to enter the information onto CAPS screens. Although the system has the ability to record this information, it allows for only a limited amount of detail, and management has determined that it is not an efficient use of a social worker's time when more detail is provided in the actual document. Similarly, the CAPS system has the capability to track social worker contact information, but most workers enter this information in the case notes, and do not reiterate it on the contacts screen in CAPS.

It is believed that there still are many workers who do not enter information on the CAPS system on a regular daily basis. Instead, they keep a paper record of investigations and casework; and then, once a week or so, they update the CAPS system from their paper records. There probably are a number of reasons for this, e.g., some workers are still not

## State of Montana Statewide Assessment

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completely “comfortable” with the computer and prefer tracking their work on paper; some workers feel they don’t have time to enter the information on the CAPS system each day; etc. The effect of this irregularity in entering information in a timely manner, is that data on CAPS is never static—a year-end report run in January will produce different numbers than the same report run in March. This is a difficult phenomenon to explain to our legislators and our public, who feel we should always know how many investigations were completed in a given month, or how many children exited care last week.

There is also a belief that Montana’s data on abuse/neglect related to substance abuse by the caretaker is probably not an accurate measure of the problem. The CAPS system requires that this field be completed, but workers have the ability to enter more than one reason for the abuse/neglect and, it is believed that in the interest of time, they often enter only one reason.

System change is extremely slow to occur. At the time of its development, both child and adult protection services and child care services were housed within the Department of Family Services, as was juvenile probation/parole, so CAPS was developed to serve all of these functions and has remained the primary information system for all of these functions, as well as for tribal social services throughout the state. Child protection services, adult protection services and child care services are now housed in three different divisions within the larger Department of Public Health and Human Services; juvenile probation/parole is now housed within the Department of Corrections. The diverse use of the system by so many different entities contributes greatly to the complexity of making any changes to the CAPS system.

A new design of the CAPS document generation functionality is currently underway. The new design will add web-based technology for end users to view and produce documents. It is anticipated that this will greatly improve the speed of text attachment and retrieval.

Montana completed development of the NCANDS Detailed Case Data Component in January 2002. We hope to develop reports now that will enable us to better monitor things like recurrence of abuse and re-entries into foster care.

Also in January 2002, Montana converted to a centralized intake system. Reports of child abuse/neglect are called into a toll-free number. A trained worker takes the report by phone and enters it onto the CAPS system to be assigned out to a field worker. It is our hope that this will free up some time for our overburdened field staff and also bring more consistency to the handling of reports. Report information will be more current on CAPS since it is the sole function of central intake staff.



## State of Montana Statewide Assessment

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### **B. Case Review System**

1. *How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?*

CFSD policy (402-2) requires that a case plan, DocGen 427, Foster Care Case Plan, be developed within 60 days of placement for any child who is placed in foster care. Case plans are to be developed jointly with the parent(s) or guardian(s) of a child in foster care and are to be updated whenever a change in the plan occurs, but not less frequently than every six months. Case plans are reviewed by a Foster Care Review Committee (FCRC), a Citizen Review Board (CRB) or a court at least every six months.

Elements of the case plan document include the:

- child's family information, including name, relationship, address and phone;
- family preservation and support services that were provided to prevent placement (if such services were provided), an explanation of why the services provided could not ensure the child's safety in the home or an explanation of why no family preservation services were provided;
- problems/reasons for removal;
- placement information, including placement history, proximity of placement and for Indian children, an explanation of what steps were taken to place the child according to ICWA preferences, or if ICWA preferences were not followed, why not;
- an explanation of the plan to ensure that the child is safe, that the placement is the least restrictive setting and consistent with the best interests of the child;
- special needs of the child;
- services provided to the child and to the foster parent and a description of how the services provided are appropriate;
- school information, including school history;
- short term and long term goals and expected achievement dates; and
- transitional living plan, for youth 16 and older.



## State of Montana Statewide Assessment

---

Information regarding the completion of the initial case plan is not recorded in CAPS. Since this is not recorded, there is not currently a way of tracking compliance of timely completion of case plans through the CAPS system. Review of case records is the only means currently available to track this compliance. This review is the responsibility of the social worker supervisors. The task of reviewing and updating the case file is incorporated into the “Master Checklist” which is attached to every file and provides a reminder and timeline for the many tasks that must be performed during the life of a case. Review of the case plan is also performed every 6 months by the foster care review committee and periodically by Child Protection Teams.

In addition to the case plan, a treatment plan must be developed in cases where the Division will be involved with a family for an extended period of time. The treatment plan is a written agreement between the parents or guardians of the child and the Division. The treatment plan describes the action that must be taken to resolve the conduct or condition of the parent or guardian that resulted in the need for protective services for the child.

CFSD policy (303-1) states that a treatment plan should be developed in conjunction with the parents or guardians of the child. The plan provides direction to the parents and clarification of the state’s expectations. The treatment plan outlines the actions necessary to achieve reunification of the family and specifies the obligations for both the parents or guardians and the worker. When appropriate, a treatment plan may include other parties such as a live-in boyfriend or other adults residing in the child’s home.

The parent may voluntarily agree to the provisions of a treatment plan prior to the time that their child is adjudicated a youth in need of care. However, the parent must be notified by the social worker that they may refuse to sign the treatment plan until there is an adjudication that the child is a youth in need of care. The court may order a treatment plan if the parents or guardians admit the allegations of an abuse and neglect petition; the parents or guardians stipulate to the allegations of abuse or neglect; or the court has made an adjudication that the child is a youth in need of care.

The case plan, along with the treatment plan, provide a record for the court and the social worker as to the progress that is being made in a case.

A recommendation regarding case plan development that came from the state stakeholder meeting was that the case plan be shared with all of the relevant parties such as CASA, GAL, foster parents etc., in a more timely manner. These parties would like to see the initial case plan as soon as it is developed, rather than the updated plan provided at the time of the CRB or FCRC review. It was also suggested that a copy of the plan be provided to foster parents or other caregivers unable to attend reviews.

## State of Montana Statewide Assessment

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2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

The single most effective technique that was identified by both staff and stakeholders as contributing to increased family involvement in case planning was Family Group Decision Making. This practice began as a pilot in 1997 and is currently offered statewide. The number of family meetings conducted has grown from 184 in 1998 to 684 in state fiscal year 2001. Of those 684 meetings, 94 were with Native American families. In the earlier stages of this practice in our state, Native American families were reluctant to participate. Through collaboration and training, they have come to accept it as a good practice and the numbers of Native American families served this way is increasing. There is no data on how many families do not participate in this process, but anecdotal information indicates that any family desiring a family group decision-making meeting is provided this service.

Family Group Decision Making (FGDM) results in a more inclusive process with benefits for everyone. Often the plan developed with the family during the meeting for making the family whole again and creating a safe environment for the child, evolves into the Court-ordered treatment plan.

The ability of the Division to assist family members in getting to Family Group Decision Making meetings (paying for transportation) was seen as a strong message to families that the Division is serious about participation from extended family members. The Division's ability to provide refreshments was also seen as a positive and a way of extending a welcome message to the participants.

Meetings with the parents as a follow-up to the FCDM meeting have also been found to be useful in increasing parents' participation. Parents who feel inhibited in a group meeting may be more willing to identify what they see as the issues and solutions in a one-to-one meeting with a worker.

Increased involvement by CASA/GAL in working with the social worker and the parents has also been found to be beneficial. As an advocate for the child, the CASA/GAL can assist the parent in understanding how the case plan addresses the child's needs, and along with the worker, can encourage the parents' involvement in developing modifications to the plan as appropriate.

In the past two years, the Division has placed increased emphasis on ensuring that both of a child's parents have the opportunity to participate in the case planning process regarding their child. Social workers are expected to make a diligent effort to identify and locate the non-custodial parent as soon as child abuse/neglect action is initiated.

## State of Montana Statewide Assessment

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Parental rights of both parents are to be addressed upon the initiation of court action and both parents are to be named on all petitions. If the child's safety with the non-custodial parent cannot be assured, the worker must initiate a treatment plan with the non-custodial parent in addition to the treatment plan with the custodial parent, if such a plan has been initiated.

State stakeholders' perception of FCDM meetings was that there is a great deal of variation in the effectiveness of the meetings throughout the state. The more committed social workers are to the process, the more effective the meetings are. In areas where there is less commitment, meetings occur, but they are not as beneficial. In addition to commitment to the process, there is variation in the skill level of engaging families. With less skillful workers, there is likely to be less participation by family members, e.g., there may be many people in attendance, but their contributions to the process may be minimal. Sensitivity to cultural differences and the ability to engage Native American families also varies, and can have a positive or negative impact on the outcome of FGDM.

A deterrent to participation in Family Group Decision-making is the attitude of some attorney(s). Some attorneys do not support their client's participation in the process (possibly because of lack of knowledge or understanding). A stakeholder recommendation was to hold Continuing Legal Education (CLE) to educate attorneys regarding this process.

Parent(s) or guardian(s) may also participate in the development of the treatment plan and are encouraged to do so. They are provided notice of all hearings and reviews and are encouraged to attend and actively participate.

## State of Montana Statewide Assessment

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3. *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every six months by a court or by administrative review.*

The requirement for foster care review is generally met by the State through the use of administrative review. By statute, the review must comply with the requirements of the Adoption and Safe Families Act.

Before 1993, all foster care reviews across the state were conducted by Foster Care Review Committees (FCRC). The District Court Judge, in conjunction with the Department, appoints members to the local FCRC. During the 1993 Legislative Session, the legislature established a pilot foster care review system to be administered by the Office of the Supreme Court. The review boards under the pilot were called Citizen Review Boards (CRB). Membership of each CRB was essentially the same as the existing Foster Care Review Boards; the difference was that CRB's were administered by the Supreme Court. In 2001, legislation was proposed which would have required full implementation of the Citizen Review Board model statewide, however the cost associated with the proposal was prohibitive and the legislation did not pass.

So, since 1993, the state has had two different processes for conducting administrative reviews. In some judicial districts there are Foster Care Review Committees (FCRC) and in other Judicial Districts there are Citizen Review Boards (CRB). Judicial Districts in which there are CRB include those in which the following counties are located: Broadwater, Cascade, Gallatin, Lewis & Clark, Mineral, Missoula, and Silver Bow.

### Foster Care Review Committee:

A CAPS alert goes to the primary social worker 45 days prior to the date that a review is due. It is the responsibility of the primary worker and/or supervisor to ensure that the foster care review occurs in a timely manner. The primary worker is responsible for updating relevant CAPS screens and printing an updated DocGen 427 Foster Care Case Plan and submitting it to the supervisor. The supervisor provides a copy of the updated case plan to the committee members.

In some, generally rural, areas of the state, all children in foster care are reviewed on a regular schedule, e.g., all children in foster care are reviewed every six months. This schedule is easier for review members and helps to ensure that no one misses a necessary review. To ensure that the review requirement is met, some areas choose to hold FCRC meetings even if the case has recently been heard by a court.

The Community Social Worker Supervisor (CSWS) is responsible to assure that the appropriate parties, including the child's parents, foster parents, pre-adoptive parents or kinship providers are invited to the review. These parties are to be sent a written invitation at least 10 days prior to the scheduled review.

## State of Montana Statewide Assessment

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In addition to the DocGen 427, Foster Care Case Plan, the worker and or supervisor is responsible for bringing information that supports the case plan to the review, including any information specifically requested by the committee.

The committee provides a written report (DocGen 427, Foster Care Case Plan, Part B) which is submitted to the appropriate court, the social worker and the Division representative. The review information is to be entered in CAPS (IARD screen) and the recommendations of the committee attached as text to IARD. Hard copies of parts A and B are to be maintained in the child's file.

If the FCRC's recommendations are adverse to the Division's case plan, the appropriate regional administrator is to be contacted to determine what action is necessary.

### Citizen Review Boards:

The Office of the Supreme Court Administrator operates the Citizen Review Board program.

The staff of the Citizen Review Board program sends a notice to the supervisor identifying the children scheduled for review. In addition, a CAPS alert goes to the primary social worker 45 days prior to the date that a review is due. The alert remains on the ALER screen until a review is entered or until the alert is deleted by the worker. The primary worker is responsible for updating relevant CAPS screens, printing an updated DocGen 427 Foster Care Case Plan, Part A, completing a Summary Letter and a CRB 700 Request for Case Information. These documents, as well as supporting documentation and any other information specifically requested by the CRB coordinator is sent to the appropriate coordinator by the supervisor.

The CRB coordinator is responsible to assure that the appropriate parties, including the child's parents, foster parents, pre-adoptive parents or kinship providers are invited to the review. All parties are sent a written letter of invitation prior to the scheduled review.

The CRB provides written findings and recommendations to the appropriate court and to the Division. The review information is to be entered in CAPS (IARD) and the recommendations of the CRB attached as TEXT to IARD. Hard copies of the DocGen 427, Part A and of the written findings and recommendations are to be maintained in the child's file.

If the Division does not intend to implement the recommendations of the CRB, the appropriate regional administrator is to be notified prior to notice being sent to the CRB. The findings and recommendations of the CRB become part of the district court file. If the district court modifies, alters, takes action or refuses to take action on the board's recommendation, the court must provide the CRB with written notice.

## State of Montana Statewide Assessment

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Although this requirement of foster care review is met primarily, if not entirely, through the administrative review process, the reality is that court hearings are often held close to the time of administrative reviews. Education of courts regarding what constitutes a review and how that could be incorporated into the hearing process could result in the need for fewer administrative reviews and reduce the workload of an already overburdened staff. Another means of reducing administrative reviews would result if sufficient time was allocated by the court when scheduling a hearing, avoiding hearings that are continued over a period of months and sometimes result in the need for administrative reviews in the interim.

No data is available regarding how timely FCRC's and CRB's are actually occurring. Individual offices maintain a tickler system to ensure they occur on time. There has never been a cause for concern that this tickler system is not an effective means of tracking upcoming review dates.

The FCRC process is a local process and varies considerably from one judicial district to another. The length of time allocated to an individual child's review also varies greatly depending on the judicial district and the volume of cases reviewed. In some instances, the length of the review is so minimal, it discourages family members, caregivers, etc., from attending the review.

Stakeholders recommended that an adequately funded, single review system be created. Adequate funding would include the funds necessary to provide training for board members. The stakeholders also recommended that additional training be done with the court system, including tribal courts, and state and local staff to ensure that the requirements are met and duplication of efforts are reduced.

## State of Montana Statewide Assessment

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4. *Citing any data available to the State, discuss how the State meets the requirements that permanency hearings for children in foster care occur within the prescribed time frames. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

Montana statute requires a permanency hearing be held within thirty days of a determination that reasonable efforts to provide preservation or reunification services are not necessary; not later than twelve months after an initial court finding that the child has been subjected to abuse and neglect or twelve months after the child's first 60 days of removal from the home, whichever comes first; and within twelve months of the initial hearing and every twelve months thereafter until the child is permanently placed. During the permanency hearing, the court is to make a finding as to whether the Division has made reasonable efforts to finalize the permanency plan for the child.

An actual hearing is to be held, not a paper review, *ex parte hearing*, agreed orders or other actions or hearing which are not open to the participation of the parents of the child, the child (if of appropriate age), and foster parents (including kinship providers), or pre-adoptive parents. The purpose of the hearing is to present to the court the permanency plan for the child and to receive judicial approval of the plan.

The judge is to review the plan and make findings on whether the plan is in the child's best interests and whether the social worker has made reasonable efforts to finalize the plan. The court may order the Division to take steps to effectuate the plan, or may enter any other order that the court determines is in the best interests of the child, as long as the order does not conflict with statutory permanency options.

The statutory permanency options available to the court include reunification of the child with the child's parent or guardian, placement with a fit and willing relative, adoption, appointment of a guardian; or a planned permanent living arrangement for a child.

A permanency hearing may be combined with another hearing, such as a hearing for termination of parental rights, if held within the time limits of the other hearing and if the requirements for the other hearing are also met.

Social workers are to enter information regarding the court hearing on the CRTD screen in CAPS following the hearing. Information that should be entered is described in policy (301-2 Required Judicial Hearings).

The Division currently has no data available that indicates the level of compliance with permanency hearings. As indicated above, the CAPS system can record information about permanency plan hearings, but there is currently no statewide or regional report available summarizing the compliance in holding such hearing. A report that will provide this information has been requested.



## State of Montana Statewide Assessment

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Some stakeholders indicated that the hearings were useful in helping a child move toward permanency by reducing drift, focusing on the child, and reminding the parties that the court, not just the Division, supported the plan. Other stakeholders did not think the hearings were effective. The sense of some stakeholders was that the timing of the first permanency plan hearing did not fit well with the statutory scheme in Montana and therefore, was sometimes redundant and repetitive. Different judges (sometimes within the same judicial district) handle permanency hearings differently. Concern expressed by some stakeholders was that permanency hearings do not occur.

Some stakeholders did not believe that judges and county attorneys have been “sold” on the purpose of the hearing. A recommendation of stakeholders was to explore options within the current statutory scheme such as reminding the courts that the permanency hearing can be combined with another hearing (temporary legal custody extension hearing was suggested). Another possibility was reducing the length of petitions so that the total length of time from the initial investigatory petition through the temporary legal custody extension fits within the time frame (12-14 months) in which the first permanency hearing would be due.

By policy, (409-1), supervisors are to assure that “the appropriate people” are sent written letters of invitation to Foster Care Review Committee meetings. The letters are to be sent not less than ten days prior to the date of the review. Foster parents, adoptive parents and relative caregivers (kinship providers) are included on the list of “appropriate people”.

Staff of the Citizen Review Board Program are responsible for providing written notice of CRB reviews to all relevant parties, including foster parents, pre-adoptive parents and kinship providers. By statute, the written notice must include a statement that persons receiving notice may participate in the review and may be accompanied by a representative.

By statute, the attorney filing the abuse/neglect petition (generally a county attorney) is responsible for providing notice of court hearings to foster parents, pre-adoptive parents and kinship providers.

The general perception of stakeholders was that foster parents, pre-adoptive parents and kinship providers were more likely to attend and more likely to participate in FCRC or CRB reviews. These reviews are more informal and offer a more comfortable forum for sharing information. The perception was that rural areas tend to have the highest level of participation.

The actual process by which caregivers are provided notice of court hearings varies, despite the fact that the statute clearly defines that it is the responsibility of the county attorney. All caregivers may not be receiving notice of hearings and when they do, they may not be allowed to attend the hearing or to participate in it. The level of attendance by caregivers at court hearings was perceived to be low.

## State of Montana Statewide Assessment

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Possible reasons for low attendance by caregivers at court hearings, as identified by stakeholders included:

- their role at hearings is not well defined;
- it is not clear what “opportunity to be heard” means in practical terms;
- they often have no advocate (and no attorney) at the hearing;
- their input, in a non-threatening way is not encouraged;
- safety issues are sometime a concern.

Recommendations from stakeholders to increase participation of caregivers at court hearings included:

- request that courts actively invite caregivers and convey to them the importance of their presence and the opportunity to let their views be known;
- work with county attorneys to standardize the notification process for caregivers;
- arrange training for caregivers, provided by a judge or a county attorney, on the legal process, including what to expect in a court hearing;
- provide training to foster parents regarding the overall pressure on the court and agencies involved; and
- provide caregivers with the support they need to be involved.

## State of Montana Statewide Assessment

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### C. Quality Assurance System

1. *Discuss how the State has complied with the requirement at section 471(a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health, safety, and any effects of implementing the standards to date.*

Child and Family Services Division standards and outcomes for providing services for children in foster care placements are based on the 1997 ASFA requirements which have been codified into Montana Code Annotated and agency policy. The standards are contained in state statute and Division policy. Division policy and state statute also reflect the ASFA goals of child safety, permanency and well-being. These standards and outcomes are established, reviewed and monitored by the Division.

The first component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is Division policy. Division policy provides clear direction regarding the legal basis for required state intervention into the family and the legal procedures, which must be followed by the Division to fulfill its responsibilities to protect the welfare of children. Agency policy also establishes requirements for out-of-home placement.

The Division's policies and standards are contained in the following comprehensive policy manuals:

Child and Family Services Policy Manual  
Child and Family Services Licensing Manual  
IV-E Policy Manual

The manuals detail the policy standards and supervision of out-of-home placements and decision-making regarding those placements. The policies outline the service delivery and continuum related to out-of-home placement and care. They are updated as best practice or federal and state legislative requirements change. All staff receive policy manuals and annual training on new policies and procedures.

The second component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the case management services provided by Division social workers and the supervisory reviews provided by the social worker supervisor. The safety of the child is continually assessed by the social worker after placement, at decision points during the case process, at reunification, at the time of case transfer and at case closure. To obtain information regarding the safety and well-being of the child, the social worker conducts home visits with the child. The worker also consults with foster parents and other service providers for the child.

## State of Montana Statewide Assessment

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In addition to consultation with service providers external to the agency, supervisors review each child's progress, safety, and permanency plan at case conferences with the social worker. The frequency of each review is determined by the experience level of the caseworker and the type of case (foster care placement, placement with a child placing agency, placement in residential care) targeting case specific circumstances.

The third component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the child protective team. Montana's statutes provide for the creation of child protective teams and a permanent child protective team (CPT) exists in most counties in Montana. The CPT assists in assessing the needs of the family, formulating and monitoring a treatment plan and coordinating services for the family. The CPT constitutes one component of the quality assurance system for children in out-of-home placement in that the team can review the plan for the child, the progress made on the case, and make recommendations for modifications to the case plan. Team membership for a child protective team must include: Division social worker, member of local law enforcement agency, county attorney, or designee, representative of the medical profession, representative a public school system, and in the case of an Indian child to be reviewed, someone knowledgeable about Indian culture and family matters, preferably an Indian person. Other members may include mental health professionals, the child's attorney, and/or the Court Appointed Special Advocate.

The fourth component of the quality assurance system for children in out-of-home care is the Permanency Planning Team. Permanency Planning Specialists were introduced into the former Department of Family Services, now the Child and Family Services Division, in 1995. In 1997, the positions became permanently funded by the State with legislative approval. The specialists identify barriers to achieving permanency, e.g., length of appeals, court continuances, identifying paternity, etc. and work to problem solve them.

The permanency planning specialists utilize a team approach involving various Division staff in an effort to ensure every child achieves timely permanence. The teams demonstrate the technical skills, knowledge and team work necessary to develop permanent placements for children in care. They utilize Division staff as well as others significant to the child, such as therapists, kin, tribes, to address planning issues. Each child's permanency plan is developed through case consultation and implemented on a timely basis to ensure the child will live in a safe, appropriate and permanent living arrangement.

The fifth component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the permanency plan hearing. The permanency plan hearing has been a statutory requirement in Montana since October 1, 1997 – prior to the passage of ASFA. Courts conduct these hearings according to statutory requirements (which reflect the ASFA requirements) to ensure that every child has a permanency plan and to specify how that plan will be achieved. At the time of the permanency plan hearing, the court generally also reviews the services provided to the

## State of Montana Statewide Assessment

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child and the parents. At the end of the hearing, the court must make findings on whether the permanency plan is in the best interests of the child and whether the Division has made reasonable efforts to finalize the plan.

The sixth component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the Foster Care Review Committee/Citizen Review Boards. These review committees and boards are established in each judicial jurisdiction in accordance with statutory requirements. The committees/boards conduct an administrative review every six months of the child's placement, the services provided the child, and the child's case plan. The Foster Care Case Plan provides the basis for the review. This case plan is a comprehensive document which contains the federally required elements, and addresses health, safety and permanency for children in foster care. The committee/board reviews the plan and makes recommendations to the social worker on modifications to the plan, the need for additional services, or the need for alternative placement.

The seventh component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the Division's automated case management and information system, CAPS. The CAPS system has improved the Division's ability to set goals, collect data, measure performance and evaluate outcomes. The CAPS system is a component of the quality assurance system in that data derived from the system assists the Division in identifying trends and changes that must be made in the organization and staff structures.

The eighth component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the licensing program. The out-of-home care licensing program in Montana is administered by two divisions within the Department: the Child and Family Services Division and the Quality Assurance Division. The Child and Family Services Division (referred to in this document as the Division) licenses family foster care homes, child placing agencies, and adoption agencies in accordance with licensing standards published in the Administrative Rules of Montana. The Quality Assurance Division licenses group homes, therapeutic group homes, child care agencies, and residential care programs in accordance with licensing standards published in the Administrative Rules of Montana.

The entire licensing program ensures that every individual and agency providing placement services to a child provide those services at a basic level that will assure the child's safety, health and well-being. The published standards are applied to each out-of-home care provider to assess and monitor safety and well being for all children placed in foster care. The standards include requirements for: on-site inspection of the home/facility; CPS background check for prospective foster parents/facility employees; criminal records check/fingerprinting of the prospective foster parents and safety check for facility employees; and personal reference checks of prospective foster parents.

## State of Montana Statewide Assessment

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The ninth component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the CAPTA Citizen Review Panel. The Division's State Advisory Council serves as both the CAPTA Citizen Review Panel and the Children's Justice Act Task Force. In these functions, the State Advisory Council reviews policies and practices to determine whether the policies and practices are consistent with state and federal requirements.

The tenth component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the guardian ad litem and/or court appointed special advocate (lay person). These individuals are external to the division and are appointed by the court. The individuals who serve as either guardians ad litem or as court appointed special advocates are charged with representing the child in judicial proceedings and provide information to the court regarding, among other things, the appropriateness of the services the Division provides to the child who is placed in out-of-home care.

The final component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the Division's training program. The training program builds and enhances staff skills and knowledge. It maximizes training services by collaborating with other agencies. The training program also provides training to foster parents and other service providers regarding the needs of children placed in out-of-home care.

The Division depends upon reports generated by the CAPS system and the limited contract monitoring function to measure differences in the quality of care/outcomes of children served by the Division following the implementation of practices/procedures intended to improve services to children in out-of-home care.

The Division Management Team has developed a report which tracks performance measures and outcomes focusing on safety, permanency and well-being for children, as detailed in the Division Title IV-B State Plan. This report (which is actually a compilation of several CAPS reports) is used by the Management Team to identify trends such as changes in number of placements per child, length of placement per child, and length of time needed to achieve permanency for the child.

The CAPS system provides ongoing monitoring of regional data and aggregate statewide data on child safety, permanency and well-being. This enables the Management Team to identify regional differences, compare regional data to statewide data, and track and improve performance. The data and ad hoc reports assist the Management Team in identifying statewide and regional trends.

The Division Management Team has access to numerous CAPS reports which provide a variety of information such as: names of children who are approaching 15 months in care;

## State of Montana Statewide Assessment

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children who are legally free to adopt; children who are approaching their 16th birthday and will need a transitional living plan; children needing a six months foster care review. Additional reports track the numbers by county and by court jurisdiction of children entering care, exiting care, remaining in care. They track where children exit to, e.g., returned to home removed from, to other parent, other relative, adoption, etc., they track the number and type of permanent placement; length of time in care and number of placements. CAPS reports also track funding categories.

The Division Management Team also utilizes contract monitoring reports to assess differences in the quality of services provided under contract to children in out-of-home care. The Contract Compliance Specialist coordinates the Division's contract monitoring team, which consists of one central office Program Officer and at least five regional contract monitors (.2 FTE per each of the five regions). The Division Management Team prioritizes the contracts to be reviewed. Contract compliance activities vary from desk audits to full on-site reviews. The Division's contracted services and standards of care have improved statewide through collaborative efforts and corrective action plans developed through monitoring activities. Contract monitors have focused on monitoring contracts for group care programs and in-home services programs.

Program Officers within the Program Bureau who administer various types of contracts for children who are placed in out-of-home care have provided oversight of contracted services such as tribal IV-E, Building Skills for Adulthood (Montana's independent living program), and therapeutic foster care services on an "as needed" basis. When issues are identified that relate to health, safety, and/or the effects of implementing services, Program Bureau staff work collaboratively with the contractors, the Division's Management Team, and other state personnel to address the identified issues. The Program Compliance Officer focuses on providing technical assistance for Title IV-E and Title IV-B compliance for state and tribal staff.

The Division learned many lessons related to monitoring services provided to children in out-of-home care during the self-assessment process. Community stakeholders involved in the self-assessment process commended the Division for the attempt to define and measure results and analyze what the data actually means. The availability of data also allows the Regional Administrators to examine re-occurring issues and identify trends in their respective regions. Stakeholders also commended the Division's management for its openness on soliciting ideas on how to improve the system. The stakeholders commented that "we're moving the right kids" and "doing a good job of protecting parent's rights." The stakeholders supported the Division's policies that encourage parental and foster parent involvement in planning for children in out-of-home care. Finally, community stakeholders commended the State Legislature for its willingness to emphasize child safety in statute and its willingness to codify ASFA requirements into state statute.

The Division learned that, like the Division Management Team, the community stakeholders recognize the need for a more formal quality assurance program to monitor



## State of Montana Statewide Assessment

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services provided to children in out-of-home care. The stakeholders pointed to regional differences in provision of services and rural/urban differences in resources. The stakeholders recommended that the Division increase the standard of direct contact between the social worker and the child in placement. Finally, the stakeholders recommended that the Division review the standards for foster homes.

The Division Management Team acknowledges that more resources are needed to improve the quality and effectiveness of the services provided to children placed in out-of-home care. However, the Division utilizes the resources available to assure basic requirements are met. For example, basic title IV-E requirements are being met in that the federal title IV-E Review, completed in Montana in September 2000, resulted in Montana being found in compliance. In addition, data indicates a low percentage of substantiated abuse/neglect in licensed facilities. Therefore, the licensing program appears to be effective in meeting the safety needs of children. The program does this by conducting an on-site inspection of the home/facility and assuring compliance with established licensing standards.

The Division has identified several promising practices in the area of quality assurance. First, the title IV-B State Plan is derived from the Division Business Plan to ensure consistency in Division efforts. Both documents are dynamic in that if negative or positive trends are identified, the goals and objectives in the State/Business Plan can be modified as appropriate.

Second, the Division has strengthened the capacity to conduct family group decision-making meetings. The use of this tool in planning for children has been recognized as a successful practice by staff and stakeholders.

Third, the Division has strengthened training and resources available for foster parents. In 2000 the Division developed and implemented a Montana training curriculum for foster and adoptive parents. Prospective foster and adoptive parents must complete this curriculum before they may be licensed as foster parents or approved as adoptive parents. Training Bureau staff have developed a series of self-study modules for foster parents for use by the foster parents in their home. In addition, the licensing workers provide training for foster parents locally whenever possible. Finally, Division staff have been working with foster parents in some areas to develop on-going foster parent support groups.

Fourth, during the 2001 Legislative session the Division successfully amended state statute to require fingerprinting for all prospective foster parents. Prior to this statutory amendment, the Administrative Rules required a criminal background check but the Division's ability to conduct background checks based on fingerprinting was limited. Use of fingerprints to conduct a criminal background check provides a higher level of safety for children placed in out-of-home care because the information received based on the fingerprint check is more complete than the information previously received.

## **State of Montana Statewide Assessment**

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Fifth, Montana's Child Abuse and Neglect statute was amended in both 1999 and 2001 to codify the ASFA requirements. The 1999 amendments were more general in nature and the 2001 amendments require more specificity in judicial findings. This specificity will require greater judicial review of the services provided by the Division to children in out-of-home care.

Finally, in 2000 the Division developed a "master checklist" which incorporates the basic social worker requirements and timeframes for meeting those requirements. Policy requires that the social worker complete this checklist, as appropriate, for every child entering out-of-home care. In addition, policy requires that the supervisor include a review of this checklist in case reviews. Use of this checklist will assist in meeting timeframes and achieving permanency for a child in a timely manner.

The mechanism for linking the monitoring of services provided to children in out-of-home care to efforts to conduct continuous quality assurance is the oversight provided by the Division's Management Team. Montana statutes and the Division's policies and procedures are designed to assure child safety, permanency and well-being. Statute, policy and procedures incorporate the federal requirements of ASFA, CAPTA, titles IV-B and IV-E. The management structure of the Division is designed to monitor the provision of services to each individual child in the custody of the Department.

## State of Montana Statewide Assessment

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2. *Discuss the effectiveness of the Child and Family Services Division's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the Division and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.*

The Division acknowledges the need for a formal quality assurance program. All jurisdictions within the state are subject to the same requirements; therefore, a quality assurance program based in the state office would be optimal to assure consistency in quality assurance activities. At the present time, the Division's capacity to evaluate the adequacy and quality of the system on a statewide basis is limited. The Division's capacity to produce information leading to program improvements has been enhanced by the statewide automated system and the Division's Management Team utilizes data from the system to make program decisions.

The Legislative Audit Division is currently conducting an audit of the child protective services system in Montana. The Division should receive the audit report by May 2002. The Division anticipates that the report will contain recommendations related to the quality assurance function and the Division will work to implement those recommendations to the extent possible. In addition, the Division will request additional funding for the next biennium to implement the findings of both the Legislative Audit and the Federal Review. However, approval of the request for additional funding/resources is uncertain.

Quality assurance activities occur at both the state and the local level with the primary activity occurring at the local level. At the state level, Division contract monitoring has been very effective in helping to ensure safety of children served by the Division in jurisdictions throughout the State. Limited resources appropriated to the contract monitoring function affect the number of programs reviewed.

Contract monitoring policy is in place. Individual program reviews have served to strengthen the quality and safety of services while promoting permanency for children. Trends and issues are regularly presented to the Division Management Team and addressed accordingly. Contract monitors review contract language annually and make recommendations on amendments to the language as necessary. For example, language regarding searches of the possessions and space of youth placed in group care was incorporated into the contracts as a result of information obtained via contract monitoring activity.

The contract monitoring team provides information to contract liaisons regarding common noncompliance issues, children's health and safety issues as well as service delivery gaps identified through monitoring activities. The contract monitoring team

## State of Montana Statewide Assessment

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members also regularly collaborate with other Division personnel, other department regulatory personnel, in addition to agencies or organizations outside of the department (e.g., Department of Corrections, Board of Crime Control, Office of Public Instruction).

Overall, through contract monitoring activities, the Division has a better grasp of the status of compliance and ultimately whether the services purchased through contracts are the services received. Contract monitoring reports and corrective action plans have assisted management in improving the Division's relationships with contractors, while supporting the Division's mission to keep children safe and families strong.

At the state level, information obtained from the CAPS automated system assists in quality assurance activities. Reports generated by the system provide social workers with information on, inter alia, children who have been in care for 15 of the most recent 22 months and children who are legally free for adoption. Other reports detailing specific information can be developed to assist in placement management, identification of trend data and informed case decision making. These reports are generated as needed and identify children by region, county, or judicial district. Note: The Division designed a report to assist the Division in meeting the ASFA requirement of filing a TPR petition when children have been in care for 15 of the most recent 22 months. The children on this report are also listed by judicial district and a copy sent to each judicial district to assist the court in tracking the children for whom a TPR petition must be filed.

The CAPS system also provides alerts to the social workers when specific actions are necessary. For example, the social workers receive an "alert" to inform them that a child's administrative review must be conducted. Social workers also receive an "alert" to inform them that court hearings are pending.

The Division has developed and implemented specific tools to assist with the quality assurance function. Policy requires the use of a Universal Compliance File Checklist which targets specific title IV-E and IV-B requirements. Policy requires the use of an ICWA checklist which assists the social worker in identifying a child as Indian as defined by ICWA when the social worker initially intervenes in the case. The recommended content for "compliance file" content has also been developed and has been implemented by the Financial Specialists as part of all regions' ongoing case records reviews.

Quality assurance activities at the local level include activities both internal and external to the agency. Internal activities include supervisory reviews, use of "compliance files", use of the checklists, and use of the CAPS system. External activities include Foster Care Review Committees/Citizen Review Board administrative reviews, child protection team reviews, and the required judicial hearings.

State statute has codified ASFA requirements and the Division's policies have incorporated federal and state requirements. Supervisory reviews represent an internal mechanism by which compliance with statute and policy are determined. Another internal mechanism by which compliance with federal requirements is evaluated is the

## State of Montana Statewide Assessment

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use of the federal foster care case plan. This case plan, to be used for each child in out-of-home placement or for whom the Department has custody, was updated to include ASFA requirements. For example, one of the case plan requirements is the identification and individualization of services provided to children and families to ensure that services provided match the identified needs of the child and family.

With the exception of supervisory reviews and the required case plan, the methods used by the Division to evaluate whether services to families are in compliance with state and federal requirements (and support child safety, permanency, and well-being) are external to the agency. Those methods include the use of Foster Care Review Committees or Citizen Review Boards to conduct the six-month administrative review of the case plan for the child, the use of child protective teams to assist in planning for the child, the use of court appointed special advocates, the statutory requirement that a guardian ad litem be appointed for each child who is the subject of a judicial proceeding, and the judicial system. Finally, one purpose of the legislative audit mentioned above is to determine the Division's compliance with state and federal requirements, including compliance with ASFA and ICWA.

As noted above, the capacity of the quality assurance system to comprehensively assess systemic factors is limited. All requirements have been incorporated into policy and the supervisory reviews constitute the method to assure the case work requirements have been met. Whether or not supervisory reviews are conducted on a regular basis is a function of the demand for supervisors' attention to other issues and the emergent nature of those issues. The Division has no formal statewide system to assure compliance with state and federal requirements.

The Division has the capacity to assure compliance with federal requirements in one, very narrowly defined area. The Division's capacity to assure compliance with title IV-E eligibility requirements is adequate as demonstrated by the finding, after the title IV-E review, that Montana was in compliance. The Division has institutionalized the title IV-E federal review protocol and the review instrument by use of compliance files. This will ensure Montana remains in compliance with title IV-E mandates. The Division has developed a proposal to increase this capacity. Currently staff from another division within the Department determine title IV-E eligibility. The Division plans to submit a proposal under which the eligibility function would be transferred to the Division and the staff who determine title IV-E eligibility would be determined by staff dedicated to that function.

The Division has been working to increase the involvement of service providers and parents in the quality assurance process. Progress has been made to include parents and service providers in assessing the adequacy of the services provided to individual children. For example, the Division has increased its capacity to conduct family group decision-making meetings as a method to involve parents, extended family members, and other individuals involved with the child in the decision-making for that child. Likewise,

## **State of Montana Statewide Assessment**

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statutory changes have increased the participation of parents, extended family, and foster parents in planning for individual children. Increased participation by family members and foster parents should result in increased participation of family members and foster parents in assuring children receive appropriate services. At the state level, the State Advisory Council has assumed a greater role in reviewing policies and procedures for the provision of services to children and families. However, the Division Management Team acknowledges that a formal quality assurance plan is needed.

The lesson the Division learned during the self-assessment process was that the community stakeholders agreed with the Division Management Team that, if possible, the Division should develop a formal systematic quality assurance process and implement it statewide. Community Stakeholders involved in this assessment process acknowledged that the Division has access to more data than ever before. The stakeholders also acknowledged that the Division's Management Team is making better use of the data in its planning activities. The stakeholders also acknowledged that children were benefiting from the limited activity in this area. However, the stakeholders recommended that the Division's Management Team develop a plan to improve the quality assurance process.

## State of Montana Statewide Assessment

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### **D. Staff and Provider Training**

1. *Citing any data available to the state on the numbers and timeframes of staff trained, discuss the effectiveness of the state's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.*

Montana Code Annotated, 2001, 41-3-102 (f) (23) states "Social worker" means an employee of the department who, before the employee's field assignment, has been educated or trained in a program of social work or a related field that includes cognitive and family systems treatment or who has equivalent verified experience or verified training in the investigation of child abuse, neglect and endangerment.

The Division provides initial training to staff in the following ways: Beginning in 1999, the Division Training Bureau has made available to all child protection social worker supervisors, a New Worker Orientation Packet. The packet was updated in December 2001 and was made mandatory as of January 1, 2002. A total of 12 hours training time is allotted for the completion of the packet. New CPS workers and their Supervisors must complete these requirements before the new worker is given sole responsibility for a caseload. This packet contains a list of specified sections from the CPS Policy Manual and Montana statutes that the new worker is required to read and review with the supervisor. It requires that the new worker must accompany an experienced worker on no fewer than 3 investigations, interviews or family visits and that the supervisor or designee must accompany the new worker on no fewer than 2 investigations, interviews or family visits. The packet contains a list of topics that the Supervisor must discuss with the new worker. Some examples are the Code of Ethics, confidentiality law and reviewing sample affidavits, case plans, and Family Group Decision Making meeting notes. The packet lists books, booklets and manuals that the new worker must be given and states that the Supervisor must meet weekly with the new worker during the first 6 weeks of employment. All new workers are required to attend and complete the first available Montana Child Abuse and Neglect (MCAN) training and the Child Adult Protection System (CAPS) training offered after they are hired. The orientation packet contains 41 pages of information relevant to CPS social workers, including but not limited to, a required social work checklist, interview protocol, sex assault interviewing tips, risk and strength assessments, ICWA overview, the required ICWA checklist, tribal addresses and affects of abuse and neglect on children.

Montana Child Abuse and Neglect Training (MCAN) is required for new Division staff who work with children and families. This includes CPS social workers, supervisors, family resource specialists, centralized intake workers, home visitors, case aides, family group decision making coordinators, permanency workers, selected program officers and other central office staff. Administrative support staff attend at the discretion of their supervisors. Tribal Social Services and BIA staff from Montana's seven reservations,



## State of Montana Statewide Assessment

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CASA/GAL volunteers, Citizen Review Board volunteers, Foster Care Review Board members and foster parents are invited to attend each quarter.

MCAN is presented quarterly. Each MCAN session is two weeks long, comprising a total of 64 training hours. The two weeks of training are separated by 2 to 3 weeks to enable the new workers to be in their local offices between training sessions. In 2000, 48 Division staff, 4 Tribal staff and 4 “others” participated in MCAN. In 2001, 52 Division staff, 7 Tribal staff and 10 “others” attended MCAN. CASA, CRB and University of Montana social work students comprise most of the “other” category.

MCAN curriculum includes the following subject areas:

### Week One:

- Statutory and policy basis for Montana child protection
- Identification of child abuse and neglect
- Assessment of child safety
- Investigating, prioritizing and substantiation requirements
- Interviewing skills
- Testifying in court
- Child sexual abuse
- Client assessment and engaging the client
- Assessing client needs and developing case plans
- Writing skills and report writing
- Developing treatment plans
- Working with unwilling clients
- Strength-based and family focused casework
- Out of home placement
- Permanency
- Reunification and visitation
- Separation and loss
- Working as a team with foster parents

### Week Two:

- Family Group Decision Making
- Family systems theory and practice
- Domestic violence and child abuse
- Child and adult psychological disorders
- Child development, normal and how affected by CAN
- Working with the Montana courts
- Legal issues in CPS
- ICWA and Tribal Culture
- Working with CASA/GAL of Montana
- Safety issues in child protection
- Permanency Planning
- Required Division forms, travel requirements, etc.

## State of Montana Statewide Assessment

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Child Adult Protection System (CAPS) is the Division's official case information recording and provider-payment system. The initial CAPS training is required for all Division employees. CAPS training for new employees is 32 hours in duration. It is offered monthly. A 24-hour CAPS Refresher class is offered approximately three times each year, as is CAPS training for licensing staff. All CAPS training is provided by TRW through contract. In 2000, 78 Division staff and 18 Tribal staff participated in CAPS training. In 2001, 145 Division staff and 30 Tribal staff received the training. This includes initial, refresher and licensing training. In December 2001, 35 Division staff received CAPS training in preparation for the Centralized Intake program.

Policy Training is required for all CPS-related staff in the Division. It is presented annually in each of the five Regions. New policy is emphasized and continuing policy is reviewed. The training consists of 12 hours in each region.

Keeping Children Safe (KCS) is a curriculum developed by Division staff and a foster parent to provide pre-service training to foster and adoptive families in Montana. After this curriculum was completed in August 2000, there were required training sessions for FRS and foster and adoptive parents who were to become trainers for KCS. Each session included 12 hours of training on the curriculum and how to train it.

### Additional Available Training for Division Staff:

The following is a list of training sessions offered quarterly or biannually by The Professional Development Center that are relevant to Division line staff and supervisors. Attendance must be recommended and approved by the immediate Supervisor.

New Employee Orientation	Contemporary Writing Skills
Righting your Writing	Basics of Management
Essentials of Management	Approaching Supervision
Principles of Upper Management	Managing Competencies
Competency-Based interviewing	Performance Standards and Appraisal
Managing Conflict	Working with Difficult People
Competency-Based Performance Management	

Supervisors meetings are held quarterly. Training offered at these meetings during 2000 and 2001 included:

ASFA standards	Essentials of management
The fair hearing process	Creating and maintaining case files
Supervision through CAPS	Interstate Compact (ICPC) training
Blood-borne pathogen exposure control	

The following types of staff-specific training are offered:

Centralized Intake (CI), Montana's new statewide toll-free child abuse hotline unit, was implemented on January 1, 2002. The CI staff-training curriculum will be used to train new CI workers as they are hired. The training includes the following subject areas:

- o New employee orientation

## State of Montana Statewide Assessment

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- o Listening skills, asking questions
- o What is a report; mandatory reporters
- o Working with field staff
- o Risk assignment, taking reports, sending to the field
- o Writing skills, note-taking, writing narratives
- o Licensing vs. CPS reports
- o Computer work, windows 2000
- o Geography of Montana, reservation locations
- o ICWA and cultural information
- o Law enforcement reports, complaint protocol
- o Practice on report taking and narrative writing

Family Resource Specialists (FRS) receive 12 hours of FRS-focused training annually. This training includes licensing, foster care and permanency policy, guardianship, quality assurance, new foster and adoptive family training curricula, and current methods of working with abused and neglected children in care. In 2000, 46 persons attended this training. In 2001, a total of 68 persons attended. Division staff, tribal social services and private agency staff are included in the totals.

Administrative Support Staff training is offered annually. Topics have included supervising clients' visits, gender communication, working with difficult people, Native American Indian cultures, stress management and children's developmental stages. This training is not mandatory. Approximately 25 staff attend each year.

Forensic Interviewing of Children training was begun in 2000 and continued in 2001. It is scheduled again in 2002. Social workers, supervisors and law enforcement officers who interview children are invited to this training. The 15 hours of training is presented in three locations around Montana. It includes training and practice in interviewing children, adolescents, developmentally-delayed persons, designing questions and observation of correct interviewing techniques. A total of 70 persons attended the three sessions in 2000, including 62 Division staff, 3 tribal staff and 5 law enforcement officers. In 2001, 55 Division staff and 34 law enforcement officers attended. The Bureau of Indian Affairs (BIA) presented forensic interviewing training for tribal and BIA social services staff.

Family Group Decision Making (FGDM) training has been presented at MCAN and by FGDM coordinators to their local offices beginning in 2000. In October 2001, the Division requested and received Resource Center training and assistance. It was presented by American Humane Association and focused on skill development for the Division's FGDM coordinators and social workers that facilitate FGDM meetings. The training was 16 hours long and was attended by 37 Division staff and 2 tribal staff. As part of the technical assistance, American Humane developed a training curriculum to train Division social workers to facilitate FGDM meetings. This one-day training will be offered in May 2002.

## State of Montana Statewide Assessment

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Conferences: Each year the Division hosts, co-hosts, or funds three training conferences. The Child Abuse and Neglect Conference is held each April. Division and tribal staff, foster and adoptive parents, attorneys, judges, therapists, CASA and CRB volunteers and family-based services home visitors attend. The attendance ranges between 250 and 300 persons. Continuing education credits are given for this two and one-half day conference. Break-out sessions include training on Native American culture, interpersonal communication and mediation, developing and presenting court testimony, parenting and working with ADHD children, communicating accurately with children and medical and psychological actors that influence children in foster care.

The Indian Child Welfare Conference is held in October each year. Representatives from several of Montana's reservations and private non-profit agencies work with the Division to present this two-day conference. Native American Indians who work with tribal social services or tribal courts, foster parents, Division staff, providers and staff from other agencies attend. Approximately 40 Division staff attended the 2001 Conference. Several cultural and spiritual presentations are provided as well as breakout sessions.

Montana Foster Adoptive Parent Association Training Conference is held annually in October. It is planned and coordinated by the Foster Adoptive Parent Association with funding and technical support provided by the Division. Foster and adoptive families, other providers and Division staff attend this conference. Approximately 40 Division staff attended the 2000 and 2001 conferences. Training is focused on foster and adoptive family needs and has included sessions on kinship care, transition issues, separation and loss, cultural awareness, independent living and working and living with attachment disordered children.

Building Skills for Adulthood training in the form of two area conferences, "Building a Path to the Future", were held in September 2000. The Division was one of the six co-sponsors. Division staff and Foster families were among the participants.

### Master of Social Work (MSW) and Bachelor of Social work (BSW) --

The Walla Walla College, Department of Social Work and the University of Montana/ Department of Social Work currently partner with the Division to provide a IV-E stipend for Division employees who wish to participate in a MSW degree program. The Division partners with the University of Montana Social Work Department to provide a IV-E stipend to selected BSW students. A total of 20 Division employees will complete their MSW through this stipend program by June 2002. Currently three students have graduated in the BSW stipend program with four more scheduled to graduate before September 2002.

Training by Social Worker Supervisors is frequently incorporated into meetings with social worker staff. Training delivered in 2001 included policy, statutes, new legislation, interviewing skills, worker safety, infectious diseases, drug, compassion fatigue, ASFA, working with high-risk families, working with sex offenders, building skills for adulthood, permanency, concurrent planning, FGDM, confidentiality, treatment plan

## State of Montana Statewide Assessment

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development, affidavit development, working with resistant clients and working with birth families.

Training Libraries are available to staff and foster and adoptive parents. These libraries include books, videos, booklets and selected articles. A list of resources available in the Central Office Library is updated quarterly and sent to all Division staff. Central office staff will mail resource material as requested by staff or foster and adoptive parents.

The Division's IV-E Program Officer as requested by the tribes presents IV-E Eligibility Training to tribal social services. E-mail and the Internet are used to send articles on best practice to field staff.

The Management Team develops the State Training Plan with input from field staff, supervisors and foster parents. It is part of the Division's Business Plan that is updated, evaluated and revised annually by the Management Team.

Staff Development Plans are developed by the staff person and their immediate Supervisor. Supervisors, Regional Administrators and Bureau Chiefs are responsible for assisting individual staff in obtaining the training needed to adequately perform their jobs. Frequently, staff development plans are part of a written appraisal of the staff person's work.

The Training Bureau and the Management Team regularly ask Division staff for recommendations for new, additional and advanced training. Supervisors make requests for specific and additional training as circumstances indicate. As new policy or practice is initiated, training is developed to ensure understanding and implementation of the practice. Training participants complete written evaluations at the end of most Division training sessions. These evaluations are used to ascertain the effectiveness of the training that was presented. When the new FGDM curriculum was developed, the FGDM coordinators and the Management Team evaluated it. The curriculum will be re-evaluated after the first training sessions for social workers are completed.

During Regional and State Stakeholders meetings and at a meeting of Division Supervisors, stakeholders and staff were asked to comment on the overall effectiveness of staff training. Stakeholders identified the following strengths and needs:

- Given the limited available resources, the Division does well and is realistic regarding training needs.
- In some areas, experienced workers mentor new workers. This practice needs to be consistent throughout the state.
- The Division collaborates with private agencies to develop and present training.
- The Division invites tribal and other agency staff to attend training.
- Need more diversity and intensity in training on Native American culture. Need to train staff in culturally appropriate interventions.

## State of Montana Statewide Assessment

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- Training needs to focus on “outcomes”.
- More training on practice standards is needed.
- Supervisor training needs to be developed and used consistently. This was given high priority.
- Work with the university system to develop “practical academics”.

Supervisors’ comments on staff training include:

- CAPS training is effective and helpful, but the training should be provided in field offices. The trainers do a good job.
- MCAN is good at providing basic knowledge, but a third week may be needed to cover more material.
- Policy training is helpful and necessary for all staff; it should perhaps be presented twice a year.
- Training on ways to work with the courts is very helpful.
- Need more regional training, rather than centralized. National presenters should present in two locations, east and west.
- Need more training on skill building and skill-enhancement.

Quality and effectiveness of staff training varies. Initial training for new staff is seen by management and staff as being effective and of good quality. Examples are CAPS and MCAN. Policy training is also viewed by staff as being of high quality. The BSW and MSW IV-E stipend programs give students the opportunity to fulfill their practicum requirements through working in a Division office under the supervision of a qualified staff member. Evaluation forms are used at the end of each MCAN training session for new social workers. These evaluations indicate satisfaction with the quality and subject matter offered. In many instances, new workers add that consistent on-going training would be helpful. No evaluations are currently done at the end of policy training. CAPS training sessions are evaluated, and evaluations reflect a general satisfaction with the quality and subject matter of the training.

Barriers to required, systematic, on-going training for supervisors and staff include long distances to travel to attend centralized training, inadequate funding to hire staff trainers or to contract to provide consistent regional training, high caseloads that often prevent staff from leaving their offices to participate in training and failure on the part of some management staff to require that workers attend training. Video conferencing is used only to a small degree due to the extremely high cost of the technology. It is expected that the cost will decrease as the technology improves in Montana.

Initiatives with schools of social work are currently in place. The MSW and BSW IV-E stipend programs give employees the opportunity to further their education and give social work students at the Bachelor’s level the opportunity to reduce expenses and apply for employment with the Division.

## **State of Montana Statewide Assessment**

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Promising practices in staff training include MCAN's strength-based and family-friendly curriculum for new social workers that includes intensive training on ASFA's requirements of safety and permanency for children. Experienced social workers mentoring new workers is being done in many locations. The Division plans to implement this in all regions in 2002. The Management Team, with input from Supervisors, will be selecting a supervisor-training curriculum. This training will be in place by November 2002.



## State of Montana Statewide Assessment

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2. *Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

The Child and Family Services Division Business Plan outlines on-going training goals and objectives for the training of resource parents, (foster and adoptive parents and providers). The following goals are included:

1. Complete training modules;
2. Provide local training sessions on specific topics;
3. Tape common and on-going group trainings, e.g., Casey, PATH, CSS, Helena-area FRS's;
4. Integrate CPS policies to trainings and vice versa (MCAN); and
5. Invite foster parents to MCAN and other regular policy training with the goal of establishing support groups. Involve social workers and FRS's.

Montana's Administrative Rules for Child and Family Services Division, ARM 37.97.1019 "Youth Foster Home: Training Required," states:

1. Unless an exemption has been approved by the Division the foster parent(s) shall attend an orientation session prior to licensure, and at least 15 hours of training annually for relicensure, provided or approved by the Division and including training in the following topics:
  - a. separation and grieving;
  - b. alternatives to physical discipline and a definition of the Division's policy on physical discipline;
  - c. Division's and foster parents' roles and responsibilities
  - d. biological family rights and responsibilities
  - e. how and why children come into foster care;
  - f. types and behaviors of children in care;
  - g. placement process;
  - h. confidentiality;
  - i. sexual abuse;
  - j. drugs and alcohol
  - k. foster parent insurance.

Following these guidelines, training for foster and adoptive parents and other providers is provided prior to licensing. During the period under review, the preservice training curriculum for foster and adoptive parents and providers changed significantly. From January to August 2000 the PRIDE curriculum, from the Child Welfare League of America, was trained. Following an in-depth evaluation process by a task force, a new curriculum was developed to fit the distinctive dynamics of Montana. The task force was composed of foster and adoptive parents and providers, the Child and Family Services Training Bureau, Family Resource Specialists, Permanency Specialists, and Program

## State of Montana Statewide Assessment

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Officers. Both the PRIDE program and the 1999 Minnesota preservice curriculum were reviewed. A new curriculum, “Keeping Children Safe,” was written for Montana, and has been utilized since August 2000. The curriculum, known as “K Training,” was tested in the spring and summer of 2000 and training materials were presented to the Family Resource Specialists for use in August 2000.

K Training has a three-hour orientation that helps participants to determine if they wish to continue the training to be licensed as resource parents. The preservice program has five sessions, each is three hours in length. Session One: Separation and Loss; Session Two: Understanding Abuse and Neglect; Session Three: Child Development; Session Four: Positive Discipline; and Session Five: Family Support Respect For All. The “how” training is delivered as adapted by communities to fit their specific needs. This 18-hour curriculum has a flexible structure, allowing multiple variations in structure, including training offered in one or two intensive weekends, or in a six-week program. The Family Resource Specialist determines the needs of the community and structures the training as required. Training time varies from three days to six weeks. The “when” for K Training is similarly flexible, and adapts to the demand a community presents. More populated areas have K Training eight times annually. The majority of Montana communities offer training twice annually, in the autumn and the spring. K Training is offered in larger cities on a regular basis, and as needed in areas of sparse population. For example, Billings has eight sessions of K Training annually, with approximately 12 individuals per session, and Thompson Falls has one session annually with about three families in the session. K Training is provided by the local licensing staff (Family Resource Specialists) in their regional areas.

K Training is delivered in six sessions, by a Family Resource Specialist with a foster/adoptive parent co-trainer. Participant manuals are provided as training material and the manual’s reference guides are resources for future questions.

Resource parents must acquire 15 hours of training each year for relicensure. This training has taken many forms, including research via books and the Internet to local foster and adoptive associations scheduling speakers, and attending conferences and educational opportunities offered by state and local offices of CFSD. The foster/adoptive parents and providers determine continuing education credits with their licensing worker.

Self-study courses for continuing education were created in October 2001 and placed in 37 libraries in CFSD offices around Montana. As of this writing, there are four self study courses available for resource families, Fetal Alcohol Effect/Syndrome Training For Resource Parents; Regina Kupecky – Parenting Children With Attachment Disorders; Working With Birth Parents; and A Safe Environment For Children Managing Sexually Reactive Behaviors. Each course has 4 hours of credit for relicensure. In development are courses for Parenting Native American Children; Calming the Angry Child; How the Grief Cycle Effects Children in Care and Their Families; and How Resource Parents May Assist a Child in Transition to Birth or Adoptive Families.

## State of Montana Statewide Assessment

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Other training available for foster and adoptive parents and providers includes three state-funded annual conferences (the Foster and Adoptive Parents Conference, the ICWA Conference, the April Prevent Child Abuse and Neglect Conference, the Family Resource Specialists Conference) and trainings offered by regional offices.

In 2000, on-going training for foster, adoptive and kinship families included:

- The MT Foster/Adoptive Parent Association Annual Conference,
- Regional and local trainings provided by Division staff and private agencies,
- Videos, books and articles available from the Division Central Office Library and local office libraries.

In 2001, on-going training for foster, adoptive and kinship parents included:

- Montana State Foster/Adoptive Parent Association Conference (skill building),
- Local and regional trainings by local Division staff and private agencies, and
- Self-Study courses available in local offices:
  - Session on attachment disorders, Regina Kupecky
  - FAE/FAS and Drug Affected Children, genetic counselors from Shodair Hospital, Helena.
- Videos, books and articles from CO and local office libraries.

In 2002, on-going training for foster, adoptive and kinship parents included:

- Montana State Foster/Adoptive Parent Association Conference,
- Local and regional trainings, and
- Self-study courses available in local offices:
  - Working with angry children
  - Building self-esteem in children
  - Transitions, dealing with grief when a child leaves your home
  - David Peltzer, Seminar on Abuse and Neglect

Training for contracted providers must, at a minimum, meet licensing requirements. Individual contractors may choose to provide additional training to their employees. This additional training, if listed within the contract, is monitored by the Division but only to see if it occurred as part of contract compliance. The state has no mechanism in place to evaluate the quality or effectiveness of the training that is provided by the contracting agency.

The following methods are in place for determining which foster and adoptive parents receive which training and how much training they receive:

- Keeping Children Safe (K training) is a mandatory (18 hours) pre-service for all foster, adoptive and paid kinship families.
- Self-Study Courses – are borrowed by foster families from local CFSD offices. Credit hours apply toward the annual licensing requirement of 15 hours training.

## State of Montana Statewide Assessment

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- Local staff and private agencies provide local and regional training. There is no centralized mechanism to track attendance or the effectiveness of this training. FRS staff may record attendance.
- The Montana State Foster/Adoptive Parent Conference is open to all foster, adoptive and kinship families wishing to attend. Attendance is recorded.
- Attendance is recorded at special trainings:
  - Attachment Disorders in Children, by Regina Kupecky was attended by approximately 25 foster parents,
  - FAE/FAS and parenting drug-affected children was attended by approximately 20 foster parents.

Evaluation forms are completed at the end of each training session as a means of determining the effectiveness of the training. Participants complete an evaluation form at the end of Keeping Children Safe (K training) which asks for information on how well the training meets the needs of the participants. It also asks what additional training the participants would like to have. Self-study courses have post-tests to be completed by the foster adoptive or kinship parent after studying the material. Local and regional training may be evaluated by the local Division staff. Local trainings are sometimes offered in response to requests of foster and adoptive families. After the “Attachment Disorders in Children” training, evaluation forms were provided to participants. Most participants indicated that they found the training very helpful. Evaluations completed by participants of FAE/FAS indicated that they found the training to be helpful. Participant evaluations are given to all participants of the Montana State Foster/Adoptive Parent Conference. Copies of the 2001 conference evaluations are available for review.

Different processes are used in developing, evaluating and updating training curriculums. Keeping Children Safe was developed and written by a foster/adoptive parent and Division staff. It was reviewed during development by foster and adoptive parents and Division and private agency staff. Small revisions to the curriculum are made on an on-going basis, as trainers see the need. It is anticipated that a full scale updating will take place within the next two years. A group, similar to the one utilized in the original development will be utilized again. The Self-Study Courses are newly developed. The topics included came about as a result of a survey given to foster families by the Training Bureau in the fall of 2000. The topics most often mentioned were developed into the Self-Study Courses. The Culture and ICWA Course was included due to the large percentage of Native American children in the foster care system and the comparatively low number of licensed Native American foster families. Another survey of foster and adoptive parent training needs will be conducted at the 2002 Montana Foster/Adoptive Parent Conference.

Providers and staff are encouraged to attend each others training sessions. Foster, adoptive and kinship parents are invited to attend various staff training sessions, such as MCAN. They are always invited to attend Citizen Review Board and Foster Care

## State of Montana Statewide Assessment

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Committee case reviews of their foster children. Several foster and adoptive parents attend the annual conferences sponsored by the Division. The Foster Parent Handbook, currently being revised, includes policy and practice information. MCAN includes information on working with and supporting foster parents.

Stakeholders' meetings and interviews indicate that Keeping Children Safe, pre-service training for foster, adoptive and kinship families, is adequate and that it is being presented in all areas in the state. The fact that it is co-facilitated by Division staff and foster and adoptive parents is considered a strength. The Montana State Foster/Adoptive Parent Conference and the Annual ICWA conferences are considered an opportunity for foster and adoptive parents to participate in training. The Child Abuse & Neglect Conference and MCAN are also considered helpful for foster and adoptive parents who attend. Needs listed by stakeholders include the need for more sessions of Keeping Children Safe in some areas of the state. They feel there are too few Division staff to meet emergency and daily needs of foster and adoptive parents--the honor system does not always work in documenting the 15 hours of required annual training for foster parents. Stakeholders feel more cultural competency training for non-Native American foster parents is needed. Focus groups also stated that there is a need for more consistent monitoring of the quality of training and adequate funding to enable the Division to deliver this training.

To measure the quality and effectiveness of the foster and adoptive parent and provider training, Keeping Children Safe, the Training Bureau collects data on the quality and effectiveness of the training. The Training Bureau has received 259 evaluations at the time of this writing. The evaluation has two sections. The first section consists of 5 questions that are scored from 1 – 5 (5 being the best). The second section has 3 questions asking for narrative responses. An analysis of the narrative portion has not been completed. Overall results of the evaluations indicate that the participants think that K training is average to excellent in the following areas:

- ✓ Assisting participants in deciding whether or not to become foster families
- ✓ Training materials being well organized and easy to use
- ✓ Explaining the difference between foster, adoptive and kinship
- ✓ Presenters' ability to answer questions and address concerns
- ✓ Presenters' preparedness for each session

A post-test is included with each Self-Study Course. This test is designed to provide the Family Resource Specialist with documentation to place in the foster family's file to demonstrate that the family has met annual training requirements. The post-test also provides the FRS with information on how well the course content was utilized by the foster parent. There is no scoring done on the post-test. The decision to accept the training as credit toward the required annual training hours is made by the FRS. This provides the staff who work directly with the foster families the flexibility to utilize the training in ways that meet each foster family's needs.

## **State of Montana Statewide Assessment**

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Annual conferences, including the Montana State Foster/Adoptive Parent Association Conference, the Child Abuse & Neglect Conference and the Indian Child Welfare Conference have nationally and locally recognized experts in the field of child welfare as presenters. Opportunities for training through “break-out sessions,” as well as keynote addresses are provided to participants. Focused training for home visitors, social workers, CASA/GAL and Citizen Review Board volunteers, attorneys, counselors, foster and adoptive parents and group home and residential staff is provided at the conferences. The teams that plan these three conferences include staff members from the Division, the Court Assessment Program, CRB, CASA, Tribal Social Services and private agencies. Consideration is given to training needs for all participants.

Promising practices in the Division’s capacity to provide training to foster and adoptive parents and to staff in childcare institutions include the continuing development of the Self-Study Courses. These create a quantity of resources for foster and adoptive parents and providers. These courses can reach the parents and providers in frontier areas as well as the parents and providers in urban areas. Another promising practice is the opportunities provided at joint conferences for foster and adoptive parents to meet and develop rapport and relationships with other persons and groups who are working to meet the needs of children, such as tribal social services workers and attorneys who work with child protection.

## State of Montana Statewide Assessment

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### **E. Service Array and Resource Development**

1. *Discuss how effective the State has been in meeting the Title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

Montana statute supports and requires preservation of the family first and foremost. “It is the policy of the state of Montana to support and preserve the family as the single most powerful influence for ensuring the healthy social development and mental and physical well-being of Montana’s children.” (“Montana Family Policy Act”, Montana Code Annotated 41-7-101 et. seq.) The statute goes on to state guiding principles for the provision of services to support and preserve the family unit whenever possible.

When agency intervention is necessary to protect a child such that the child must be placed outside of the home, the goal is always reunification of the family (CPS Policy 401-1). In cases where reunification is not possible, the Division is committed to the expedited permanent placement of the child. Policy further states that children are to be placed in the least restrictive, most appropriate setting necessary to meet the needs of the child, giving priority consideration first to a member of the child’s immediate family, then to other relatives or friends, and last to a non-relative placement.

To support this philosophy, current practice encourages a family group decision-making (FGDM) meeting for all families with children at risk of abuse or neglect, unless family circumstances deem it inappropriate. This practice began as a pilot in 1997 and is currently offered statewide. The number of family meetings conducted has grown from 184 in 1998 to 684 in state fiscal year 2001. Due largely to the success of this practice, Montana’s 2001 Legislature allocated resources to enable the Division to continue and increase this practice statewide. During the family meeting, the facilitator (a trained social worker) guides the family in the development of their plan for remedying the situation that puts the child(ren) at risk. If there has been court involvement, the plan would become the court-ordered treatment plan for reunification of the family. This has proven to be a very effective tool—when the family participates in the development of the plan, they are more committed to completing the plan. The meeting also better enables the Division to identify relatives who may be able to care for the child until the parents are again able to assume their role as parent.

In addition to family group decision-making meetings, there is a wide range of services available to help a family work toward a safe reunification. These include, but are not limited to:

- a) in-home services
- b) intensive visitation
- c) short-term services, such as transportation, day care, respite, house cleaning, anger management, etc.
- d) court-ordered treatment plans



## State of Montana Statewide Assessment

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- e) services provided by mental health therapists
- f) in-home therapy
- g) mental health case management
- h) psychological, neurological, or sex offender evaluations
- i) referrals for employment and housing resources
- j) parenting classes
- k) domestic violence advocacy
- l) mother/baby services
- m) chemical dependency services

The structure is in place to utilize these services in every case where reunification is the desired outcome. However, barriers do exist. The most obvious barrier is geographic. Montana is a very large state, with a very small population (about 900,000 people statewide). Only seven cities have a population greater than 20,000. The remainder of the state is very rural and families often have to travel great distances to obtain needed services. Except in urban areas, public transportation is virtually non-existent.

Additional barriers exist. There is a shortage of service providers in rural areas, especially providers who accept Medicaid. Much collaborative discussion between agencies has taken place around ways to encourage/establish more services in rural areas, but the reality is that the populations of these areas are so small that it would be impracticable for providers to establish businesses there. Medicaid-paid dental services are especially difficult to access due to the shortage of providers who accept Medicaid patients. Family-based services are provided through contracts with providers located throughout the state. These are successful in the areas in which they are available, but often there is a waiting list. Intensive visitation services for families who are reunifying are recognized as a very successful practice in our state, but due to limited staff resources, it is provided through a contract with Casey Family in a very limited number of areas. Montana has a large Indian population, but very few urban Indian centers. Services on the reservations are limited; as is the availability of Native American foster families.

Of particular interest to Stakeholders was availability of mental health services. Although mental health case management is available, there are long waiting lists. The lack of resources, combined with the gaps within the continuum of care, compromise the integrity of the treatment the child receives. Identified gaps within the mental health system continuum include, but are not limited to, treatment for sexual offenders, young seriously emotionally disturbed children, dually diagnosed children, and seriously emotionally disturbed girls. Furthermore, placements are determined by the available resources rather than being driven by the needs of the child, including the need for proximity to the birth family and school. As a result, the child may be placed in a new community, and the distance from the birth family and social workers hinders their involvement in the treatment process and may jeopardize reunification.

## **State of Montana Statewide Assessment**

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Evaluation of the effectiveness of services occurs primarily through the many formal reviews that are in place to monitor the progress of a case. In every office throughout the state, cases are reviewed every six months by either foster care review committees or citizen review boards. Child protection teams include teachers, law enforcement, counselors and staff monitoring the progress of the child and family. There are formalized status hearings, treatment plan reviews, and permanency plan hearings. Pre- and post-psychiatric evaluations are done to evaluate progress. In-home service contracts are reviewed annually (more often, if needed) by local advisory councils who make the recommendation to renew the contract or not. The State Child and Family Services Advisory Council serves as the CAPTA Citizens Review Panel to monitor the work of the Division.

Due to the barriers inherent in a very rural state like Montana, stakeholders identified unrealistic treatment plans as an issue to be addressed. Stakeholders commented that sometimes treatment plans require employment, when employment is not available; housing, when housing is not available; therapeutic counseling without the means of traveling to that counseling, etc. Division staff expressed concern over delays in the legal system that sometimes make it difficult to adhere to the ASFA timeframes and also sometimes delay the dismissal of cases.

Promising practices identified by both stakeholders and staff include family group decision-making meetings and intensive visitation. Both these practices actively engage the parent and seem to greatly enhance the family's ability to reunify.

## State of Montana Statewide Assessment

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2. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.*

Prevention services are focused on diverting children from entering the foster care system. Services are contracted in most regions of the state, but Division social workers also provide these services. In 1994, Montana established the Partnership to Strengthen Families program to provide primary prevention services, including services like parenting classes, day care, etc., and also in-home visitation. Families served under the Partnership contracts were identified as at-risk families, but were not necessarily open cases in our child protection system. Family-based services contracts were already in place to provide more therapeutic-level in-home services. Both levels of prevention services remain in place, however, all in-home services contractors are now funded to serve only families referred by the Division. This change was necessitated by the increase in families needing in-home services to prevent placement. Primary prevention is still provided in most areas, but it is not funded by the Division.

From 1995 through 1999, a contract was in place to evaluate contracted in-home services. The data indicated a very high success rate for children and families receiving these services, i.e., during the 6 months following the end of services, 96% of children remained in the home. Now these contracts are monitored periodically by our contract monitoring staff. Each region designates one or two of their staff as contract monitors and their work is coordinated through the contract compliance specialist located in Helena. Each year family preservation services are provided to approximately 1250 families (about 2400 – 2600 children). Many in-home services contracts are reviewed annually by the local Family Services Advisory Council who recommend renewal or termination of the contract.

Montana also awards grant monies through the Children's Trust Fund. Recipients of these grants provide primary prevention services. Also, funds are awarded through the Family Violence Prevention and Services Act to assist shelter and safe home programs statewide. Grants are awarded through a request-for-proposals process. Programs report on a quarterly and annual basis and program plans and financial reports are monitored on-site. The Big Brothers/Big Sisters program is also funded with State general fund monies through the Division. These programs provide mentoring services to youth.

The same services listed under reunification are available to families to prevent placement. Depending on what is available in the community, families are linked to services such as: stress and anger management, coping skills, trust building, problem-solving, budgeting, parenting, assistance in preparing for job-readiness, early interventions services for children with developmental disabilities, mental health services, etc. CPS child care and respite care are funded from the Child Care and Development Block Grant to a limited extent; state general fund dollars cover costs when block grant funds are expended. Child care providers partner with Early Head Start and

## **State of Montana Statewide Assessment**

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Head Start programs to include at-risk children in those programs. The same barriers mentioned earlier exist for all of these programs.

Expanded provision of family group decision-making meetings has proven to be a very promising practice for preventing placement of children. The practice encourages families to help each other. Relatives provide child care or respite or may even keep the child(ren) for a temporary time period until the parents are back on their feet. Another very promising practice, especially in areas where services are limited, has been mentoring. Mentoring of one family by another has been formalized in some areas and occurs in a less formal manner in others.

In terms of the staff's ability to serve families with at-risk children, the move to require in-home services contractors to serve only families referred by the Division was a positive change. Staff were stretched so thin, that it became very difficult to provide families the in-home visitation time needed to safely keep their child(ren) at home. Stakeholders, however, identify primary prevention services as a gap, because these same contractors, who now serve only cases referred by the Division, used to be funded to provide primary prevention services. Community stakeholders feel there is untapped potential for combining services and maximizing resources in all communities.

## State of Montana Statewide Assessment

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3. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

As evidenced by the data profile, Montana has been quite successful in achieving adoption for children within 24 months. Each year the number of finalized adoptions has increased—the number rose from 167 in federal fiscal year 1998 to 254 finalized adoptions in 2000. During our state fiscal year 2001, 270 adoptions were finalized.

In 1994, Montana was a participant in the Families for Kids (FFK) project. Since that time the Division has remained very focused on permanency for children. With funding from the FFK project, the position of Permanency Planning Specialist was created as a modified FTE. One Permanency Planning Specialist was located in each of the five regions of the state and was given the responsibility of facilitating the timely placement of all children waiting for adoption. These positions have since become permanent positions and they continue to be a very effective means of ensuring that children achieve permanency in a timely manner.

Division staff have a very collaborative relationship with private adoption agencies, such as Catholic Social Services and Lutheran Social Services, and others. The Treasure Book is a joint project with the private agencies. The Treasure Book is updated monthly with photographs of children waiting for adoption and is located around the state in strategic locations, such as doctors' offices. Montana also participates in the Waiting Child program and Faces of Adoption. When children are free for adoption and no family has yet been identified, their information is circulated to the private agencies and to the Tribal Social Services licensing staff.

To the extent possible concurrent homes are licensed for both foster care and adoption. Children who are not likely to be reunified with their families are placed in concurrent homes when they are available. Policy requires that a concurrent placement evaluation be completed after three months in placement. Finding concurrent homes, however, continues to be a challenge. Permanency staffings are held at least every three months that the child continues to be in care.

To aid in adherence to the requirements of ASFA, a CAPS report was developed that lists children who have been in care 12+ of the last 22 months. These reports are distributed to staff and also to each judicial district to assist them in anticipating the number of petitions for termination of parental rights that will come before them. In conjunction with this report, two additional reports were developed: one that lists all children for whom parental rights have been terminated, and one that lists all children for whom an exception has been granted. The reports help workers and judicial staff to proceed in a timely manner in finding permanency for these children.

## State of Montana Statewide Assessment

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In many areas of the state and for out-of-state placements, adoptive home studies are performed under contract. Adoption Promotion and Support funds under the Safe and Stable Families Act help to cover the costs.

Subsidized adoptions and subsidized guardianships are now allowed for children with special needs. The subsidies help families to have the confidence that they will be able to care for these special needs children. Ironically, the subsidy is also sometimes a barrier since the amount of the subsidy cannot exceed \$10 below the daily foster care rate. Because adoptive parents do not receive a clothing allowance or funds to cover transportation, etc., more funding is available for the foster child than for the adopted child or the child in a legal guardianship placement.

Both stakeholders and staff identify the need for more Native American adoptive homes, or at least for adoptive families to be trained in Native American culture.

Training for foster and adoptive parents has improved over the past few years. In addition to the training required for licensure or approval, specialized training is offered, such as training on attachment disorder, training for working with sexually reactive children, etc. There is also a lending library of materials available to adoptive parents.

Promising practices include the use of the Child Protection Unit, made up of attorney specialists who work with the Courts to expedite the finalization of adoptions. Also, the permanency planning staff take great time and care in developing and implementing a transition plan for each child. Family group decision-making meetings help in identifying relatives who may be willing and able to adopt.

All of these services undergo continual evaluation through foster care reviews, the 180-day review after termination, permanency staffings and permanency plan hearings.

## State of Montana Statewide Assessment

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4. *Describe the extent to which all the services in the preceding items 1—3 are accessible to families and children on a statewide basis.*

The position of Permanency Planning Specialist located in every region of the state is insurance that services are available statewide for children waiting for permanency. When homes are not available in their region, the child's information is circulated to all other regions and out-of-state. Procedures to ensure the services are successful have been noted throughout, as have promising practices.

Family preservation services are offered throughout most of the state. The Division contracts for these services. Families are referred to the contractor for in-home visitation, parenting classes and other services, as needed. In 2002, the contractors were asked to also accept families working to be reunified. Additional reunification services are listed under Section E, question 1.

One very noticeable gap in services is post adoptive services. Our Division has approached the last two legislatures asking for funds to provide these services, but we have been unsuccessful.



## State of Montana Statewide Assessment

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### F. AGENCY RESPONSIVENESS TO COMMUNITY

1. *Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.*

During the self-assessment process, stakeholders were asked to rate the Division on the effectiveness of stakeholder consultation. On a scale of 1 to 10, with 1 being least effective and 10 being most effective, a majority of the stakeholders involved in developing the state self-assessment rated the Division at 7-8. The stakeholders participating in the self-assessment acknowledged that the Division has made a genuine effort to reach beyond Division staff to service providers over the past few years. The stakeholders also acknowledged that this effort has improved the quality and effectiveness of stakeholder/Division collaboration.

The Division's ability to consult and coordinate with external community stakeholders has been consistent over past years, but has not seen much change. Without additional resources and staff, the ability for the Division to do increased outreach to external stakeholders is limited.

The Division links consultation with external community stakeholders for State Plan submission with consultation with those same stakeholders when planning for the legislative session. Montana's Legislature meets each biennium. Therefore, the legislative session provides the impetus for the Division's major agency planning activity. Planning for the legislative session cannot be separated nor distinguished from planning for the State plan. The Child and Family Services Plan derives from the Child and Family Services Division's Business Plan. Development of the Child and Family Services Plan submitted in 1999 occurred concurrently with development of the Division's Business Plan to be submitted to the 1999 Legislature. By necessity, the Division's Business Plan and the derivative Child and Family Services Plan are dynamic documents. Subsequent annual progress reports reflected changes in the Division's Business Plan. The progress on meeting the goals and objectives serves as the basis for the presentation on the Division's programs provided to the Legislative Appropriations Committee each legislative session.

The Division has implemented procedures to involve community stakeholders in planning. Preparatory to developing the legislative presentation from which the State plan is derived, the Division hosts meetings with stakeholders and the public. In addition, the Division meets with providers. For future planning, the Division plans to institutionalize the procedure by which the Division obtained input for the 2001 Legislative session and the 2001 annual progress report. This procedure included:

## State of Montana Statewide Assessment

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- The Division and the Local Advisory Councils hosted a series of planning meetings with stakeholders and the public during the spring and summer of 2000;
- Members of the Division Management Team met with a coalition of services providers in October, 2000, to present the Division's planning document, obtain input regarding necessary modifications, and solicit support for the plan preparatory to the 2001 legislative session;
- The State Family Services Advisory Council reviewed the plan during its November, 2000, meeting and commented on the proposals to be presented to the 2001 Legislature;
- The Division hosted a series of nine (9) community meetings throughout the state in the fall of 2000 to update community stakeholders on the progress made on the plan and to solicit input regarding changes needed for the next biennium;
- The plan, outcomes achieved during the period 1999 through 2001, and proposed changes were presented to the 2001 Legislature (January – April);
- The Division Management Team hosted a facilitated meeting with the Division's Community Social Work Supervisors with the purpose of reviewing and up-dating the plan. Prior to this meeting, Regional Administrators, Bureau Chiefs, and Supervisors met with their respective staff members to obtain input and comment regarding the current plan and recommended changes, thus providing all Division staff with the opportunity to comment on the plan and make recommendations regarding amendments to the plan; and
- The Division Management Team met in June 2001, to finalize the plan.

For the past four years, the Child and Family Services Division Management Team has been committed to relationship building with external community stakeholders. Most recently, this commitment included meeting with and obtaining input from external community stakeholders in preparation for the 2001 Legislative Session. The modifications to the goals and objectives submitted in the 2001 annual progress report reflected input received during the planning progress and action taken by the 2001 Legislature.

The responsibility for assuring on-going involvement of local community stakeholders in the Division's planning activities resides with the Division's Local and State Advisory Councils. Each of the Division's five regions has at least one

## State of Montana Statewide Assessment

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Local Advisory Council. During the past four years, each Regional Administrator has worked to assure the local councils in his/her region are viable, active councils.

Statewide, 90 local community stakeholders serve on eight local councils. The local stakeholders represent a cross-section of community agencies. The agencies represented in this cross-section include, but are not limited to, schools, public health departments, juvenile probation offices, foster care providers, children's mental health, child care providers, tribal agencies, ministerial association, legislature, CASA, children's services providers, county commission, and law enforcement. The local councils meet quarterly and provide on-going input/feedback regarding Division programs.

The responsibility for assuring on-going involvement of State stakeholders in the Division's planning activities is shared between the Division and the Division's State Child and Family Services Advisory Council. Membership of this council is comprised of the chair of each local advisory council, legislators, an attorney, the Executive Director of the Montana Chapter of the National Association of Social Workers, a CASA/prevention program representative, and a member of the Department Native American Advisory Council. The state council meets quarterly. A staff person for the Montana Court Assessment Project regularly attends these meetings.

In addition to the State Advisory Council, State stakeholders are involved in agency planning via informal, on-going communication between State stakeholders and the Division. For example, the Division Administrator serves as a member of the Children's Justice Council and state office staff serve on the advisory board for the Court Assessment Project.

The Division uses a variety of ways to obtain tribal input on agency planning. At least five of the local advisory councils have a tribal member who participates in planning on the local level. The Department has a Native American Advisory Council administered from the Director's Office. This council meets quarterly. Division staff attend each meeting and frequently discuss issues relevant to the Division's program during the meeting. A member of this council serves on the Division's State Advisory Council. In addition, central office and regional staff engage in informal, on-going communication with the social services staff of all seven Montana Indian reservations.

The process for involving stakeholders in the consultation process occurs at both the regional and the state levels. Each Regional Administrator continually assesses the membership of the local council to assure the membership adequately represents community stakeholders. When a vacancy occurs on a local council, the Regional Administrator considers whether any gaps exist in the representation when filling that vacancy. The same process occurs when a vacancy occurs on the state council. At

## State of Montana Statewide Assessment

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that time, the Division Administrator, in consultation with the chair of the council and the Management Team, considers possible under-representation by state stakeholders when filling the vacancy.

Geographically, Montana is the fourth largest state. The distance required to travel to meetings constitutes one barrier to stakeholder participation in the consultation process. Because of time and resource limitations, another barrier is the difficulty in involving natural community leaders in the planning process who may only be peripherally involved in Division programs.

A barrier to involving stakeholders at the local (as opposed to regional) level is the time required to do community networking. The stakeholders attending one community meeting held during the self-assessment process concluded that lack of staff time resulted in inadequate community support networking, especially in spiritual and family oriented activities. These same stakeholders also concluded that, although the agency staff worked well with other agencies in the community, local Division offices need more staff in order to more effectively respond to community needs.

The Division Management Team continually assesses input/feedback from all sources when planning for the Division's programs. The feedback/input received is integrated into the legislative package prepared for and presented to the legislature.

Information regarding the agency goals and progress on those goals is presented at community meetings during the planning process for the legislative session. In addition, the goals and progress on those goals is incorporated into the presentation to the Legislative Appropriations Subcommittee. Ultimately, the stakeholders' evaluation on the goals and progress is represented by the Legislatures response to the information presented.

The Division learned many lessons during the self-assessment process. First, the Division learned that the stakeholders are strongly committed to the efforts made to involve external stakeholders. The stakeholders involved in the self-assessment supported the efforts the Division is making to involve stakeholders in the planning process. They supported the Division's effort to develop a plan with clear and measurable objectives. In addition, they supported the efforts on the part of the Division's Management Team to emphasize two-way communication between the Division and its advisory councils – both at the state and local level. The stakeholders also supported the process utilized in the fall of 2000 whereby the Division both reported on the progress on the Division's goals and solicited community feedback via the series of community meetings.

Second, the Division learned that more outreach is needed for soliciting input from birth parents and/or their counsel and youth in or transitioned out of the system. The

## State of Montana Statewide Assessment

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stakeholders consulted during the self-assessment process also provide input on areas where the Division could improve the involvement of community stakeholders. The stakeholders indicated that, although the Division has come a long way in reaching out, the Division still could improve in reaching out to foster parents and client families. The stakeholders recommended that the Division design a process whereby birth parents and/or their counsel could be involved in planning on the state level. In addition, the stakeholders recommended that the Division establish youth and alumni groups as a way to solicit input from youth either in the system or who have transitioned out of the system.

Third, the Division learned that efforts must be made to assure that the collaboration with external stakeholders which occurs at the state and regional levels is translated into collaboration at the local level. The stakeholders involved in the self-assessment process indicated that local staff may not be as open to consultation and feedback as are the state and regional level staff.

Fourth, the Division learned that, although tribal representatives have been included in the planning to a greater degree over the past four years, the Division must include tribal representatives at an earlier stage. The tribal stakeholders involved in the self-assessment recommended that the Department Native American Advisory Council be consulted earlier in the process when the Division anticipates proposing and instituting change that will impact the tribes.

Finally, the Division learned that stakeholders involved in the self-assessment process strongly recommended that the Division develop a method to inform “John Q. Public” about Division programs. The stakeholders indicated this could be accomplished by continuing to develop more active local advisory councils, by more clearly identifying stakeholders and including them more involved in the system, and by providing more community education regarding the Division’s mandate and programs.

As mentioned above, the Division’s Management Team intends to institutionalize the process used during 2000-2001 to solicit input/feedback from external stakeholders. The community meetings hosted by the Division and the Local Advisory Councils at the beginning of the planning process were very successful, as were the community meetings held at the end of the planning process. Another successful method of soliciting input/feedback regarding the Division’s plan/goals was the formalized meetings held with providers during the last planning process.

The Division currently utilizes input received from external stakeholders via the advisory council system as a check and balance on the provision of services. This input serves as a portion of the Division’s quality assurance program.

## **State of Montana Statewide Assessment**

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Consultation with external community stakeholders has applicability to the goals of child safety, permanency, and well-being. Including external stakeholders in Division planning increases child safety because the more stakeholder involvement translates into more community awareness of child abuse/neglect issues. The consultation also impacts child well-being because agencies which provide services to children in the state system are included in the planning process.

## State of Montana Statewide Assessment

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2. *Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.*

The Division currently coordinates services at the State level by working with other divisions within the Department and with other departments on an on-going basis. At the state level, Division staff participate in provider meetings, serve on advisory councils, and meet with other providers of children's services regularly.

Most of the coordination of services for children occurs at the local level. Agency policy and practice requires extensive coordination at the local level. At the local level, the social workers meet regularly with child protection teams, which include representatives from schools, courts, public health, mental health and/or juvenile probation, as is appropriate for the specific case. They also meet regularly with foster care review committees or citizen review boards, guardians ad litem or court-appointed special advocates and conduct case staffings within the local office. Social workers also have on-going contact with the out-of-home care provider when children are removed from their homes regarding the progress of individual children. In addition, social workers routinely refer families and children to services within the community such as mental health and in-home services and maintain contact with those service providers.

The capacity of the Division to coordinate services with other agencies is determined by the amount of staff time and resources available within each local community. The capacity of the Division to coordinate services is also limited by the availability of services – a particular concern in rural areas of Montana.

As stated above, coordination of service development and delivery occurs at both the state and local level. At both levels, the Division utilizes continual, on-going communication with other entities that provide services to children as the method to coordinate service development and delivery.

Coordination at the state level addresses statewide, systemic issues. For example, the Division has executed a Memorandum of Understanding with the state Court-Appointed Special Advocate program and is in the process of negotiating a Memorandum of Understanding with the Montana State Foster and Adoptive Parent Association. The Division also has executed a Memorandum of Understanding with the Justice Department to provide legal counsel for the Division on those cases requiring expedited action for ASFA compliance. A member of the Division's Management Team serves on the committee established to assess the mental health needs of children and to develop a plan to meet those needs. State office staff serve on the advisory board for the Court Assessment Project and the Division Administrator serves as a member of the Children's Justice Council. In addition, the Division has on-going communication with the out-of-home care provider network via the contracting process. These efforts lend themselves to increased communication and, thus, increased coordination of services.



## State of Montana Statewide Assessment

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Coordination at the local level addresses the needs of specific children in the system. As noted above, social workers maintain on-going communication with other service providers. For example, in those areas where the services are available, parents are referred to in-home services providers to prevent out-of-home placement; all children placed in out-of-home care must have a EPSDT screening; and social workers routinely submit a Medicaid application to the local TANF office to assure children placed in out-of-home care receive Medicaid coverage.

Like the coordination of services, the process for continually evaluating the coordination of services also occurs on both the state and local level. On the local level, coordination of services for children in the system occurs via case staffings with social worker and supervisor, the administrative review process, and the regularly scheduled judicial hearings. At the state level, the Division Management Team evaluates coordination on an on-going basis.

The Division learned many lessons regarding coordination of services during the self-assessment process. First, the Division learned that the stakeholders involved in the self-assessment process identified the coordination occurring at the state level as positive. The stakeholders supported executing Memoranda of Understanding with various groups. The execution of Memoranda of Understanding with the Court-Appointed Special Advocate program and the negotiation of a memorandum with the foster/adoptive parent association has resulted in a more positive working relationship and increased coordination between the Division and the signatory of the memorandum.

Second, the Division learned that coordination of services does not occur consistently across the state. In some local areas, coordination of services is excellent. Division staff become members of community groups formed to address specific issues (i.e., drug problems in the community); they provide training outside regular working hours and “go above and beyond the requirements of their jobs”; they provide services in conjunction with the family drug court program for families; and they work collaboratively with other agencies such as The Casey Family Program and the local foster parent association to recruit and train foster/adoptive families and develop supportive services. In other local areas, coordination of service delivery could be improved. The stakeholders involved in the self-assessment process indicated that, for some local areas, the Division Management Team should clarify that collaboration is not encouraged but expected at the local level. In addition, in some local areas, stakeholders identified a need for regularly scheduled meetings between Division staff and providers. Finally, stakeholders indicated that in some local areas, coordination of the services/expectations required of parents via court-ordered treatment plans could be improved.

Fourth, the Division learned that additional groups should be involved in the coordination of services at both the state and local level. Stakeholders involved in the assessment process recommended that, in addition to the already-identified stakeholders, additional

## State of Montana Statewide Assessment

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stakeholders should include, but not be limited to, individuals representing the businesses which provide employment to client parents, landlords who provide housing to client families, and the religious community.

Finally, the Division learned the urban/rural issue continues to impact the coordination of services. Stakeholders involved in the self-assessment process recommended that the Division specifically address the differences between rural and urban areas in provision and coordination of services.

The stakeholders consulted during the self-assessment process rated the Division fairly high on the effectiveness of coordination of services. On a scale of 1 to 10 with 1 being least effective and 10 being most effective, a majority of the stakeholders involved in developing the state self-assessment rated the Division at 7 – 9 in coordination of services and benefits. Stakeholders recognized the positive work of Division staff to coordinate services but thought the Division could improve coordination in the areas of public/private agencies and rural/urban differences.

The Division has, with the Court Assessment Project, participated in a pilot program which shows promise. The Division has provided some funding for the Family Drug Court programs in Billings and Lewistown. Under this program, families receive intensive services from providers and intensive oversight by the court. The stakeholders supported implementing this model statewide if possible.

The mechanism for linking this service coordination to the Division's efforts to conduct continuous quality assurance is continual oversight by the Division's Management Team.

Better coordination of services has applicability to child safety, permanency, and well-being in that better coordination of services for children in the child protective system translates to increased well-being because coordination of services means that all the child's needs will be addressed, not just the child's safety needs.

## State of Montana Statewide Assessment

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3. *Does the agency have any agreements in place with other public or private agencies or contractor, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

Yes, the Division has contracts or agreements with other public and private agencies to perform title IV-E and IV-B functions.

Services provided under contract or agreement range from in-home services to prevent the out-of-home placement of children to case management services to title IV-E eligible Indian children under the jurisdiction of tribal court.

Most of the title IV-E and IV-B services provided by other public or private agencies are provided under contract with the Division.

Title IV-E Tribal contracts: Montana has seven Indian reservations within the outside boundaries of the state. The Division has contracts with the seven Montana Tribal Councils for ICWA services, permanency services, licensing, or a combination, contracts with six Tribal Councils for case management services, and a training contract with one Tribal Council. Under these contracts, the Division provides IV-E monies and the required state match to fund tribal IV-E case management units. State monies also provide the match for the maintenance payments made on behalf of title IV-E children who reside on the reservations and are under the jurisdiction of tribal courts.

Other title IV-E contracts: The Division has a contract with the Citizen Review Board Program under which the program is reimbursed 50% of the costs of the administrative review conducted by the program for each title IV-E eligible child. In addition, the Division has a contract with the Missoula County Attorney's office as a pilot program under which the county attorney's office is reimbursed for 50% of the cost of legal representation of title IV-E eligible children placed in foster care in Missoula County. Finally, the Division has a contract with the Justice Department under which the Division reimburses attorneys in the Child Protection Unit for 50% of the costs for legal representation of title IV-E eligible children placed in foster care and subject to the requirements of the Adoption and Safe Families Act.

Title IV-E agreements: The Division has a title IV-E agreement with one Tribal Council under which Division staff provide services to title IV-E eligible children on the reservation. The Division also has a Memorandum of Understanding with the Department of Corrections under which the Department of Corrections utilizes title IV-E funds for the placement of youth under the jurisdiction of the Department of Corrections. Because of statutory and organizational changes in the juvenile justice system, the Division is currently investigating whether similar Memoranda of Understanding are required for individual judicial districts. Finally, the Division has a Memorandum of

## State of Montana Statewide Assessment

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Understanding with The Casey Family Program under which The Casey Family Program employs four intensive visitation supervisors for whom the Division provides office space, office equipment and supplies, and reimburses The Casey Family Program for travel and per diem expenses.

Out-of-home services contracts: The Division contracts with out-of-home providers to purchase placement services for children in the custody of the Department. Placement Services purchased under these contracts include group home services and room and board services for therapeutic family foster care and group care.

Title IV-B contracts: The Division purchases title IV-B, subpart 2, services from 22 private providers under contract with the Division. Under these contracts, the Division purchases a range of in-home and reunification services. The in-home services purchased under these contracts include, but are not limited to: home visiting, parent education and support, enhancing life skills, mental health therapy, preventative health services and resource access linkage, budgeting, transportation, child care/respite, assistance with job readiness, and family group decision-making meetings. The reunification services purchased under these contracts include, but are not limited to: intensive home visiting, short-term services, and services provided by mental health therapists.

Other contracts: The Division also contracts with the Big Brothers/Big Sisters program to provide mentoring services. These contracts are funded with state general fund monies. In addition, the Division administers the Federal Family Violence Prevention and Services Act program. This program provides services to victims of domestic violence. The Federal funds received under this program are augmented with state general fund monies.

The independent contractors are responsible for managing the work performed under the contract. The contracts specify the services purchased under the contract and, with the exception of the tribal title IV-E contracts, the number of children/families to be served under each contract. The Division monitors the services provided under contract via reports received from the provider. Each contractor is required to submit regular reports containing information regarding children/families served. The contract provisions specify the information to be submitted and the frequency of the submission.

The Division utilizes several methods to evaluate services provided under contracts and agreements, provide feedback to the providers, and assess provider responsiveness to feedback. Those methods are:

- o Tribal title IV-E contracts/agreements: On-going evaluation/monitoring of services provided under contract/agreement is done on the local level. In 2001, the Division implemented a process under which a team of state and regional office staff conduct on-site reviews. To date two on-site reviews

## State of Montana Statewide Assessment

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have been conducted and a third review is scheduled for the end of March, 2002.

- o Other contracts: The Division has conducted on-site contract monitoring for out-of-home services providers and in-home services. The staff for contract monitoring is limited in that the Division has one FTE contract monitor in the state office and .20 FTE in each regional office dedicated to contract monitoring. After an on-site review, the contract monitors draft a report that is submitted to the provider and to which the provider may respond. The final report on the monitoring episode includes both the monitors report and the provider's response. In addition to the dedicated contract monitors, local staff provide informal evaluation and feedback to providers in the local area. The number of on-site reviews conducted is a function of the number of staff dedicated to the monitoring.

The frequency or timeframes in which agreements or contracts are modified varies depending on the base document. The tribal title IV-E contracts have a duration of six years with amended budgets submitted each year. All other contracts have a duration of one year. Each Memorandum of Understanding defines the duration in the corpus of the agreement.

The Division learned many lessons during the self-assessment process. First, the Division learned that the stakeholders involved in the self-assessment supported the current contracts/agreements. The stakeholders strongly supported the Division's efforts to work with Indian reservations regarding access to title IV-E monies. The stakeholders commended the Division for providing the required match for the case management units and the maintenance payments made on behalf of title IV-E children served under the contracts. In addition, the Division learned that communication between the state/regional staff and tribal staff results in increased levels of collaboration. However, the Division also learned that communication between the Division and the Tribes could be improved.

Second, the Division learned that stakeholders supported the Request for Proposal process utilized in purchasing in-home and reunification services. The stakeholders stated that this process allows for more responsive services and allows for services to be designed/tailored to local needs.

Third, the Division learned that the stakeholders involved in the self-assessment recommended that the eligibility determination function be transferred to the Division. Currently, title IV-E eligibility determinations are the responsibility of the Human and Community Services Division – the same staff responsible for conducting eligibility determinations for other public programs such as TANF and food stamps. The stakeholders believed this transfer would result in more consistency in the determinations because the staff would be dedicated solely to title IV-E eligibility.

## State of Montana Statewide Assessment

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Fourth, the Division learned the stakeholders supported leveraging federal funds to provide for an increase in available services. The stakeholders recommended that the Division work more closely with the Region VIII ACF office for technical assistance and information regarding creative innovations in the leveraging of federal funds. The stakeholders also acknowledged that additional staff would be needed to monitor the contracts if leveraging additional federal monies result in an expansion in the number of contracts with other providers.

The stakeholders consulted during the self-assessment process rated the Division fairly high on the effectiveness of contracts/agreements. On a scale of 1 to 10 with 1 being least effective and 10 being most effective, a majority of the stakeholders involved in developing the state self-assessment rated the Division at 8 on the use of contracts/agreements and at 6 on the monitoring of those contracts/ agreements.

The Division is participating in two promising practices in the area of contracting with other agencies to better provide services to children. First, the Division is in the process of developing a Community Collaboration Project under which the Division will work with community providers to leverage title IV-E funding for additional services. Second, the Division is a member of the Montana Children's Initiative, a collaborative effort between other executive departments and provider agencies to improve services to seriously emotional disturbed children at the local level. The Montana Children's Initiative is still in its developmental stage.

The mechanism by which provision of services under contract is linked to continuous quality assurance is via the Division's Management Team. This Team evaluates the information derived from the contract monitoring process and the reports required under the contracts to assess whether the services purchased under contract continue to meet the needs of the children and families who receive those services.

Provision of services via contracts with provider agencies has applicability to child safety, permanency, and well-being in that expanding services via contracts and agreements impacts child safety. Under these contracts and agreements, a more broad range of services becomes available to address the child's safety needs. This also impacts well-being because the ability to offer services to address the child's treatment needs increases.

## State of Montana Statewide Assessment

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4. *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are Indian and ensuring compliance with the Indian Child Welfare Act.*

The Division's policies strongly support ICWA and require identification of a child as Indian as soon as possible when the child comes into contact with the system. The early identification of Indian children is effectuated by a question posed by the Centralized Intake Specialist during the phone interview when a report of suspected child abuse or neglect is received, the requirement that the investigating social worker enter "ethnicity" when an investigation is opened in the CAPS automated system, and the requirement that the social worker complete the ICWA checklist for each open case.

State statute requires compliance with ICWA. Both the Child Abuse and Neglect statute and the Adoption statute contain a provision requiring compliance with ICWA if the child who is the subject of a proceeding under either statute is an Indian child as defined by ICWA. In addition, the Child Abuse and Neglect statute contains multiple references to ICWA in the corpus of the statute to alert the courts, county attorneys, and social workers when the procedural requirements of ICWA may differ from the procedural requirements of non-ICWA proceedings.

The deskbook provided to judges and county attorneys by the Division contains a chapter on ICWA so county attorneys and the courts are informed of ICWA requirements. The Division is also working on developing templates specific to ICWA for the use by county attorneys and judges. In addition to the deskbook, the Attorney General's Office has developed and disseminated an ICWA Handbook to county attorneys. In addition to discussing ICWA requirements, the handbook provides county attorneys with "practice pointers" to assist them in representing the Division on ICWA cases.

The Division's policies also require compliance with ICWA. In addition to the policy section which provides detailed information regarding ICWA and its requirements, other policy sections reference ICWA. References to ICWA are included in policy sections when necessary to clarify for the social worker the difference between ICWA and non-ICWA cases. All newly-hired social workers receive training on ICWA during their initial training and all social workers receive refresher training on ICWA during the mandatory annual policy training.

A comparison of "snapshot" data and fiscal year data indicates approximately the same percentage of Indian children placed in out-of-home care. On January 31, 2002, a total of 1,925 children were in out-of-home placements, including the children in care under the jurisdiction of tribal court who receive services under the title IV-E tribal contracts. Of that number, 34.2% were Indian. If the children in care under the custody of tribal social services are excluded from this number, 26% of the children in state custody are Indian. For FFY 2001, a total of 2,811 children were in out-of-home care. The 2,811 includes children in the custody of the state and children in the custody of tribal social services.



## State of Montana Statewide Assessment

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Of that number, 33.8% children were Indian. Data for FFY 2000 indicates that 31% of the total number of children placed in out-of-home care were Indian. This data indicates that the systems in place result in social worker identification of children as Indian in a timely, accurate manner.

The Division has a statutory mandate to place children with either the non-custodial parent or extended family whenever possible. This mandate is reflected in Division policy and practice. The statutory mandate as reflected in policy and practice complements the ICWA requirement to place Indian children in an ICWA-compliant placement. The data indicates that the Division may have a high degree of compliance with the ICWA placement requirements. For FFY 2001, Montana had a total of 1851 licensed foster families, of this number 20% were Indian. For the same period, 23.2% of the 276 children placed adoptively were Indian and 12.9% of the families with whom the Division placed children adoptively were Indian. Assuming the placement of sibling groups, the data indicates that many Indian children are placed with Indian families. The data for FFY 2000 indicates that Indian children comprised 14% of the children placed adoptively by the Division; Indian families comprised 8% of the families with whom children were placed adoptively. Anecdotal information received during the Legislative Audit currently being conducted supports that the Division has a high level of ICWA compliance in adoptive placements.

Indian children in the custody of the Division receive the same range of services as non-Indian children in the same community receive. Indian families receiving in-home services from the Division receive with the same range of services as non-Indian families in the same community. Indian children residing on the reservation who are placed in out-of-home care under the jurisdiction of tribal court receive foster care services via the tribal IV-E unit (or Division staff) if the child is IV-E eligible. Non-IV-E eligible Indian foster children residing on the reservation receive foster care services from the appropriate tribal or BIA staff. Indian children residing on the reservations receive in-home services from the appropriate tribal or BIA staff. There have been some concerns with one of our tribes, the Crow Tribe, over lapses in court orders that result in children losing IV-E eligibility. Efforts are being made to remedy this problem.

Montana has eleven tribes based on seven Indian reservations and one landless tribe which has received provisional federal recognition. As mentioned above, 26% of the children in out-of-home care in the custody of the state on January 31, 2002, were Indian. The number of Indian children/families receiving in-home services on the same date is not available.

The Division learned many lessons during the self-assessment process. First, the Division learned the stakeholders involved in the self-assessment agreed that, over the last five years, the Division has made positive improvement in activity on and visibility of ICWA. The stakeholders acknowledged that the Division's emphasis on ICWA has increased over the same period. The stakeholders agreed that the Division does make

## State of Montana Statewide Assessment

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exemplary efforts to identify Indian children as quickly as possible and that early identification of Indian children has also improved over the past several years.

Second, the Division learned that an issue regarding ICWA is the perception of non-compliance on the part of agencies and tribes. Stakeholders noted that the degree of compliance with ICWA has not received enough recognition by tribes.

Third, the Division learned that improvement could be made in involving tribes early in ICWA cases. Stakeholders noted that, in some cases, social workers do not notify the tribe of state intervention with an Indian child in a timely manner.

Fourth, the Division learned that stakeholders involved in the self-assessment shared the Division's concern regarding the lack of appropriate placement resources for Indian children. The stakeholders recommended that the Division increase efforts to recruit Indian foster and adoptive parents.

The stakeholders consulted during the self-assessment process rated the Division fairly high on the effectiveness of identification of children who are Indian as defined by ICWA; however, those same stakeholders felt the Division could improve on ICWA compliance. On a scale of 1 to 10 with 1 being least effective and 10 being most effective, a majority of the stakeholders involved in developing the state self-assessment rated the Division at 8 on terms of identification of Indian children. Stakeholders willing to express an opinion on the level of ICWA compliance rated the Division at 4 – 8 on the 1 to 10 scale.

The Division has instituted three practices which will improve ICWA compliance. First, in September 2001, the Division implemented policy that requires completion of an ICWA checklist for every open case at the time of investigation. To aid social workers, the ICWA checklist has been incorporated into the Division's automated system so the checklist can be completed electronically. Since this requirement has been in place only since September, no information is available to date on the level of completion of the checklists. Social worker supervisors are responsible for ensuring completion of the checklist by social workers.

Second, the Division has, as a goal, increasing the total number of Family Group Decision-making meetings for families in the system. A secondary goal is increasing the number of Family Group Decision-making meetings for Indian families in the system. The use of these meetings for Indian children and families will allow the social worker to identify extended family members who are willing to be considered as placement options for the Indian child.

Third, the Division implemented the Qualified Expert Witness Program under which names of individuals who could testify as expert witnesses under ICWA were solicited from the tribes. These individuals and Division staff who could testify as experts

## **State of Montana Statewide Assessment**

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attended an orientation on the requirements of qualified expert witnesses and the state district court system. In December, 2001, a handbook containing the names and a short vitae of individuals who may testify as an ICWA qualified expert witness was distributed to all county attorneys, tribes, and local Division offices. The recruitment and orientation of tribal members who are willing to serve as an ICWA qualified expert witness will occur annually.

Identification of children as Indian as defined by ICWA and ICWA compliance has applicability to child safety, permanency, and well-being. Identifying a child as Indian early during intervention and increased compliance with ICWA impacts the permanency of Indian children in that compliance with ICWA directly impacts the length of time in which permanency can be accomplished.

## State of Montana Statewide Assessment

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### **G. Foster and Adoptive Home Licensing, Approval and Recruitment**

1. *Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions.*

Montana has effectively established and maintained standards for foster homes, adoptive homes and child care institutions in state statute, (Montana Code Annotated), rules (Administrative Rules of Montana) and policy. With the exception of adoptive homes which are approved, foster homes and child care institutions are licensed. Foster homes and child care institutions are included in a general licensing category of Youth Care Facilities.

Approval of adoptive homes (for the division) and licensure of family foster homes (Youth Foster Homes and Therapeutic Youth Foster Homes) is the responsibility of the Child and Family Services Division (CFSD). Licensure of child care institutions (Youth Group Homes, Therapeutic Youth Group Homes, Youth Shelter Care Facilities and Child Care Agencies (including Maternity Homes and Residential Treatment Centers) is the responsibility of the Quality Assurance Division (QAD).

CFSD also licenses Child Placing Agencies, which are approved to conduct adoptive home studies and approve adoptive families and to conduct foster home studies and recommend licensure of foster homes. Licensure authority for foster homes is retained by the state.

#### Adoptive homes:

The majority of the requirements that prospective adoptive homes must meet are found in statute. By statute, an adoptive pre-placement evaluation must include a review of the applicant's medical, social and criminal history, current health, an assessment of the potential parenting skills, ability to provide adequate financial support for a child, level and knowledge and awareness of adoption issues of the prospective adoptive parents. The statute also provides authority to check youth court records for any person living in the home and requires at least one home visit and one interview with each family member.

#### Youth Care Facilities:

The general requirements for all youth care facilities are found in administrative rule and include mandatory reporting of abuse/neglect, children's case records and confidentiality, discipline, education, environmental safety, guns and ammunition, nutrition, personal needs, physical care, privacy, religion and culture, resident's money, transportation and staff/foster parent requirements, including training and employment. Child care institution requirements also address administration and staff ratio requirements.

## State of Montana Statewide Assessment

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There are inconsistencies in the rule categories within the facility types that are under child care institutions. Not all levels of care contain the same rule categories. As an example, Youth Shelter care requirements contain a well-developed section on searches, including correspondence, personal property, pat down, strip searches and urinary analyses. Searches are not addressed in either the Youth Group Home or Child Care Agency rules.

The language in the rules for different levels of child care institutions is not consistent. An example is the rule that addresses discharge for Child Care Agencies states that:

Each child care agency shall include plans for discharge in the child's case plan and review those plans quarterly.

The rule addressing discharge in Youth Group Homes states that:

A child's case record shall include the following: date of discharge, reason for discharge, and the name, telephone number and address of the person or agency to whom the child was discharged.

### Dates of Effective Dates and Most Recent Amendments of Standards for Youth Care Facilities

Type of Facility	Initial Effective Date of Standards	Date of Most Recent Amendment of Standards
General Requirements for all YCF	NEW 1978	Amended 1998
Youth Foster Home	NEW 1983	Amended 1992
Therapeutic Youth Foster Home	NEW 1995	Amended 1997
Youth Group Homes	NEW 1983	Not Amended
Therapeutic Youth Group Homes	NEW 1995	Not Amended
Youth Shelter Care Facilities	NEW 1998	Not Amended
Child Care Agency (includes Maternity Homes)	NEW 1978	Amended 1986
Child Care Agency - Residential Treatment Centers	NEW 1986	Not Amended

There has been no established schedule for the review and update of administrative rules for youth foster homes. However, a major review and revision of the youth foster home rules has been completed and following the adoption of the revised rules (expected to be later this year), a review schedule of every two years to coincide with legislative sessions will be adopted. Revision of therapeutic youth foster home rules is planned for 2002-2003. Stakeholders will be involved in the development of the rules governing therapeutic youth foster homes. Public hearings are planned as a part of the rule making process for both the youth foster home and therapeutic youth foster home rules.

## State of Montana Statewide Assessment

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There has been no established schedule for the review and update of administrative rules for adoptive homes. The administrative rules that govern adoption will be updated in 2003 and a review schedule of every two years to coincide with legislative sessions will be adopted.

There is no established schedule for the review and update of the administrative rules for child care institutions. However, during 2002, QAD will be conducting a basic clean-up of child care institution rules, i.e., elimination of obsolete language, insertion of current hot line numbers, and amendment of rules which have been incorporated by reference. The “clean-up” will be conducted in-house, although there will be an opportunity for public comment prior to the time the rules are adopted.

A more thorough revision of all child care institution rules for which the QAD is responsible is planned for 2003. This revision will include a review of all child care institution facility types. The focus of this review will be on programmatic needs and development of rules to fill identified gaps. Informal public forums with interested stakeholders will be held to identify the amendments needed in the rules.

The responsibility for licensure of child care institutions was transferred from CFSD in 1999. This transfer removed the potential for conflicts of interest possible when CFSD regional administrators oversaw both the placing social workers and licensing workers.

The organizational structure for this level of licensure was changed significantly with the transfer of responsibility to QAD. The licensing structure with QAD centralized the management and supervision of child care institution licensing. The QAD licensing supervisor meets quarterly with all unit staff. These meetings are used as forums for training, regional information exchange related to “hot” issues and the staffing of difficult cases.

Procedurally, the process for citing licensing deficiencies identified in the course of a licensing survey has become a much cleaner process that it was prior to the program transfer. Following the site survey and exit interview, the licensing specialist citing the administrative rule in question, completes a deficiency notice. Included on the deficiency notice is the text of the rule, followed by the findings and an evidentiary statement. For example:

*Findings:* the administrator has failed to insure that youth’s nutritional needs are met

*As evidenced by:* Surveyor’s review of past month menus, interviews with residents and interviews with staff cook. Youth are only served breakfast and dinner. No noon meal is provided.

## **State of Montana Statewide Assessment**

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The unit supervisor previews each deficiency notice and edits for clarity and assurance of legal authority prior to the notice being sent to the provider for response. The response is sent in the form of a written plan of correction. The plan of correction must contain each of the following elements:

- the steps taken to correct the deficiency;
- the plan to assure continued compliance with the rule; and
- the date by which the correction will be made.

Providers are given 10 days from the date of the deficiency notice to submit their plan of correction. The plan of correction is returned to the licensing specialist for review and approval. Any questionable plan of correction is staffed with the supervisor and the provider. A license is not issued until an approvable plan of correction is submitted to the Division. In the time period extending from July 1999 to December 31, 2001, QAD has measured a 76% reduction in cites for non-compliance with administrative rules. QAD will continue to use the above noted survey/ license approval process with the projected expectation that compliance will continue to improve and will likely plateau within 1 to 2 years.



## State of Montana Statewide Assessment

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2. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.*

### Foster home and adoptive homes:

As described above, statewide licensing or approval standards for foster and adoptive homes are found in statute, administrative rule and policy. Copies of the statute and licensing requirements (rules) are available in a booklet form and the rules are to be provided to applicants for foster home licensing. The requirements are also available on the website.

The process for licensure as a foster home or (state) approval as an adoptive home is standardized. The same process is used for both foster and adoptive applicants. Applicants participate in the same pre-service training and the same forms are used to process either type of applicant. The process and requirements are the same for kin applicants if they apply to become licensed or approved to adopt. (The Division has a separate process for approving non-licensed kinship providers to provide unpaid foster care.)

Foster and adoptive home studies are conducted by Family Resource Specialists (FRS) in the Division's five regions. Approval/denial of foster homes is the responsibility of supervisors within the regions. Adoptive home studies are reviewed by a supervisor, but final approval or denial is the responsibility of the regional administrator.

Staff perception is that there is much more consistency within the state system than there was in the past. The perception of stakeholders is that there is still a great deal of inconsistency in how the requirements are applied. The same question asked in different areas of the state will often result in a different answer. Child Placing Agencies who have homes in more than one area of the state are particularly vocal about the lack of consistency.

Another perception of stakeholders was that applicants who are determined by a FRS to not be appropriate are not always formally denied, and if a foster parent, notified of their right to a fair hearing. The application just "stalls" until the applicant gives up.

Both staff and stakeholders believe that a significant barrier to processing foster care and adoption applications appropriately and timely is lack of staff. Lack of staff also contributes to timely re-licensing and response to licensing questions and concerns.

### Child Care Institutions:

As stated above, QAD has measured a 76% reduction in cites for noncompliance with administrative rules since transfer of this portion of licensing from CFSD.

## State of Montana Statewide Assessment

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A standard deficiency notice format is used for all licensed agency caregivers. In January 2002, a summary report was developed for the deficiency notices completed in 1999, 2000 and 2001, which captured the number of deficiencies attributed to each rule in for each of the calendar years. Multiple cites under the same rule will be brought to the May, 2002 unit meeting for discussion. At that time a determination will made as to whether the interpretive guidelines used by the each licensing specialist are consistent with unit guidelines; whether the problem/deficiency is specific to one provider or demographic area; whether it is a training issue for the provider; or, if it is a rule that requires formal amendment.

QAD determines that based on the reduction in the number/percent of cites for non-compliance, the “effect” of “uniformly applying standards” is a positive outcome for providers as well as for licensing staff.

A license expiration tickler list is maintained in the Central Office of the QAD. Ninety days prior to the expiration of each license, the QAD Central Office sends a license expiration/renewal notice to the provider. The expiration notice includes all reapplication materials. A copy of the notice is also sent to the assigned licensing specialist. Most site surveys are completed at least 30 days prior to the expiration of the license, which allows sufficient time for the licensing specialist to write up the deficiency notice (if applicable) and time for the provider to complete and send a response/plan of correction. Each licensing specialist recognizes that it is the expectation of the unit supervisor that the license renewal process be completed prior to the expiration date of the license.

It is estimated that in 2001 there were less than 3 instances (out of 90 facilities) in which license renewals were issued following the expiration date of a current license. In each instance, the actual survey had been completed, a determination had been made that no significant health or safety issues were in question for compliance and a new license was issued within 2 weeks following the expiration date of the previous license.

At the time that licensing responsibility for youth care facilities was transferred from CFSD to QAD, unit staff set an objective to decrease by 50% the number of *extended* community residential facility licenses issued by FYE 2002. (Community residential licenses include Youth Care Facilities and community homes for persons with developmental or physical disabilities.)

An *extended license* is a license, which is issued to the provider (usually to assure payment) for approximately 30-90 days following the expiration of their current license, when a licensing specialist was unable to complete the survey and reissue a license prior to the expiration of the current license.

By January 2001, the unit exceeded this objective by decreasing the number of extended licenses by 100%. QAD will continue to set the standard of practice to licensing staff that it is unacceptable to allow a license to expire without having completed a survey or to extend a license due to avoidable delays.

## State of Montana Statewide Assessment

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3. *Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

### Youth Foster Homes and Adoptive Homes:

Prior to the passage of the Adoption and Safe Families Act, CFSD required criminal records checks on all foster home and adoptive applicants, as well as all other adult members of the household. Beginning April 1, 2002, fingerprint-based criminal records checks will be required of all foster home applicants and adult members of their household, and all CFSD adoptive applicants and adult members of their household. Licensed Child Placing Agencies will be encouraged to use fingerprint based criminal records checks on adoptive applicants, but this will not be required until it is adopted as an administrative rule. Currently, all adoptive applicants are required by statute to have criminal check completed, but the statute does not specify that the check should be fingerprint-based.

Licensed kinship providers must meet the same criminal records check requirements as other licensed foster homes. Unlicensed kinship providers will be required to have fingerprint-based criminal records checks beginning April 1, 2002, in situations where the Division is placing the child and has initiated court action.

Stakeholders are supportive of the move to fingerprint based background checks, but think that the Division should pay the cost of the checks for all applicants, not just applicants to the Division.

A IV-E review was conducted in Montana in September, 2000, and Montana was found to be in compliance with ASFA requirements related to criminal checks for all cases reviewed. This supports the perception of staff and stakeholders that the agency does well in meeting this requirement.

### Child Care Institutions:

QAD does not conduct criminal background checks on staff in child care institutions, but rather has elected to institute “safety plan” measures as allowed by the Adoption and Safe Families Act.

The QAD has developed a “safety plan checklist” which is used with child care institution providers at the time of each licensing survey. The use of the “safety plan” format for child care institutions appears to provide a higher assurance that child care staff do not pose a risk or threat to residents than did the formerly used method which focused on the completion of criminal background checks.

## State of Montana Statewide Assessment

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The safety plan methodology clarifies for the provider that it is his/her responsibility to employ a multidimensional screening approach to assure that applicants are appropriate for employment. Most providers do include the completion of a criminal record check in their policies and procedures for hiring of personnel, however the implementation of the safety plan has provided more opportunity to successfully assess an applicant when states outside of Montana are slow to respond, or fail to respond to a request for a criminal record check.

Below is the form used by QAD when conducting licensing or re-licensing reviews of child care institutions:

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Effective 8/00  
QAD-CRLP License Survey Supplement

### **Safety Plan Checklist for Child Care Provider Compliance with IV-E Eligibility Criteria.**

Federal Register, Department of Health and Human Services, Administration for Children and Families, 45 CFR Section 1356.30, Foster Care Eligibility Reviews (under the Adoption and Safe Families Act):

“For a licensed youth care facility to be an eligible provider for Title IV-E funding purposes, in all cases where no criminal records check is conducted, the licensing file must include documentation that safety consideration with respect to the caretakers have been addressed. This safety documentation requirement applies to child care institutions in every situation.”

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#### **Child Care Agencies (including RTC and Maternity Homes)**

ARM 37.97.206. Child Care Agency: Personnel

(1) Each child care agency must have a written personnel policy covering the following items: Job qualifications, job descriptions, supervisory structure, salary schedules, fringe benefits, insurance, hours of work, and performance evaluations.

#### **Youth Group Home**

ARM 37.97.501(3). Youth Group Home: Administration. The provider shall have written policies for personnel, administration, discharge, program and financial records. These policies shall be furnished to the department with the initial license application and annually thereafter

#### **Youth Shelter Care**

ARM 37.97.805(3). Youth Shelter Care: Administration. The provider shall have written policies for personnel, administration, discharge, program and financial records. These policies shall be furnished to the department with the initial license application and annually thereafter

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In conducting the annual license survey, the Licensing Specialist must review the providers policies and procedures pursuant to the screening of child care staff applicants. To assess compliance with licensing requirements the licensing specialist must determine what steps the

## State of Montana Statewide Assessment

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Youth Care Facility (child care agency, youth group home or youth shelter care) takes to assure compliance with administrative rules for licensure.

**Ask provider:**

1. ARM 37.97.115(1)(g) What steps are taken to assure that the staff or anyone living in a Youth Care Facility (YCF) pose no risk or threat to the safety or welfare of any youth placed in the YCF?

List steps:

2. ARM 37.97.132 What steps are taken to assure that all child care staff working in the facility meet the following criteria:
  - a) are at least 18 years of age;
  - b) are of good moral character;
  - c) are physically, mentally and emotionally competent to care for children;
  - d) like and understand children; and
  - e) are in good general health

List steps:

3. Are there written personnel policies for the screening of staff applicants?  
Request to view policies to determine if policies are consistent with verbal report of provider.

If no policies exist, provider may be out of compliance with ARM 37.97.115(1)(g), ARM 37.97.132, and ARM 37.97.206, ARM 37.97.501(3), or ARM 37.97.805(3)

- a. What steps are identified in the providers written policies regarding the screening of staff applicant's (e.g. do they require protective service or criminal background checks, references, interview process, etc)?
- b. Can the provider present verification and documentation for each employee that facility policy was followed for the hiring of direct care staff?
  - 1) Review staff files (at least 25%), list files reviewed (by initials) and note whether file contained appropriate documentation:
  - 2) Interview staff (at least 25%) to determine if individuals' report consistent with Providers report, policy and documentation  
List staff interviewed (by initials).
- c. If facility policy was not followed, does the provider have documentation per the rationale of the variance?  
Identify staff (by initials) and explain nature of variance.

## State of Montana Statewide Assessment

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3. *Citing any data available to the State, discuss how effective the State has been in meeting the State Plan requirement to recruit and retain foster and adoptive families that the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

The State plan for recruitment and retention provides that this be done on the local level. The State includes using kinship home recruitment, Family Group Decision Making Meetings, and the use of Tribally licensed homes.

In addition, the social histories of children are circulated statewide, as well as to the private adoption agencies in the state.

Other recruitment tools utilized by the State include child specific recruitment through the use of the Treasure Book and related website, [treasurebook.org](http://treasurebook.org), the National Adoption Center website, [adopt.org/mt](http://adopt.org/mt), and Montana's Waiting Child program. In addition to the child specific effectiveness of these tools, they serve as a general recruitment tool for all children. Family Find is an active recruitment method that is used in at least two regions; much recruitment happens by word of mouth.

Montana has recently formed an informal Interstate Coalition with our bordering states, N. Dakota, S. Dakota, Wyoming, and Idaho. The Permanency Planners meet via telephone conference call periodically (about 1 per quarter) and share information about children and possible resources. Although this process is just getting started, participants are hopeful of positive results. As of this writing there has been only one "sharing" conference call. Another is scheduled in May.

The data seems to support the effectiveness of the State's efforts.

FFY 2000 data:	21% of Foster Parents are	Native American
	76%	Caucasian
	2%	Unknown
	less than 1%	African American
	31% of Foster Kids are	Native American
	63%	Caucasian
	4%	Unknown
	2%	African American

Statewide efforts to retain foster and adoptive homes include supporting the Annual Indian Child Welfare Conference and the annual conference for the Montana Foster and Adoptive Parent Association (MSFAPA) as well as doing mailings and proposing funding for the MSFAPA Executive Director position. The State provides funding for

## State of Montana Statewide Assessment

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foster and adoptive parents to attend the conferences. In local areas such things as Foster and Adoptive Appreciation dinners and picnics are held for parents and families.

The State provides support group meetings in some areas, and supports the MSFAPA support groups in other areas. Recently the State and MSFAPA began work on the development of a Memorandum of Understanding and a formalized problem resolution procedure.

Demands on licensing workers' time continue to increase. There continues to be a lack of funding for an adequate number of staff to train and license parents in a timely manner. Since training and licensing is only a portion of the worker's duties, balancing workload demands continues to be an issue.

Concerns by the stakeholders included the following:

- Recruitment seems to be by word of mouth only in some areas;
- Not enough staff to adequately respond to a massive statewide recruitment effort;
- Recent drops in the numbers of foster parent homes possibly due to kids coming out of residential settings and being placed with foster parents who are unable to meet their high needs;
- Many of these placements are perceived to be resulting from funding cuts by AMDD; and
- Need more people to recruit and train families.

The State agrees that staff workload is an issue and that a workload assessment is needed for the FRS staff. A low staff ratio negatively affects the delivery of existing services to existing licensed homes. We know, for instance, that self-study packets are not being fully utilized and not all parents are receiving the required 15 hours of ongoing annual training as required.

Shareholders offered the following suggestions to increase our numbers of foster families:

- Fund a position with the MSFAPA to do statewide recruitment;
- Contract out recruitment, training, and retention of Native American parents;
- Fund positions at the local level to recruit, train, and license foster and adoptive parents;
- Use Native Americans to recruit from their own people;
- Team together for a concentrated statewide effort across State and Tribal boundaries to recruit, train, license, and retain Native American families, regardless of who licenses them.



## State of Montana Statewide Assessment

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4. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating activities, and specific methods.*

The State's policy requires that a child's social history be circulated within 30 days of the date the permanent legal custody is completed. The social history is circulated agency wide, to our private partners, and to the appropriate Tribal agencies. If an appropriate family is not identified within 30 days through the use statewide circulation the child is referred to the Permanency Planning Specialist to be listed on the websites.

Intrastate cross-jurisdictional placements have been tracked for the past three years. A total of 198 out of 653 (or 30%) adoption finalizations occurred across county lines within the State of Montana. Over the past four years a total of 797 children have been adopted out of our foster care system. Out of the 797, 72 (9%) of these went out of state. In conclusion approximately 40% of our children are being adopted across jurisdictional boundaries.

Montana has used contracted services with both in-state and out-of-state private agencies and social workers as well as the cooperative interstate services of other states to expedite the finalization of these adoptions.

Through the website the Department maintains a dedicated email address for ease in contacting us. The adoption program officer checks this email address daily and inquiries are responded to quickly. The Division has encountered some local resistance to putting children on Internet websites because of concerns around inappropriate applicants, possible embarrassment to children due to schoolmates viewing the websites, and sensitivity to birth parents and families.

The Division is working on communication and government-to-government protocols with the tribes in order to better coordinate services to families. The Native American stakeholders indicated that efforts were underway to establish a Native American adoption agency. It is felt that this would be of great assistance in the area of cross-jurisdictional placement as well as recruitment of adoptive families

Improvement is still needed in the area of statewide consistency of practice and the sharing of families among workers across county lines. It was reported at the stakeholders meeting that some workers are reluctant to accept cases from other counties due to workload and also, in some cases, due to personal preference. There is no data to support the accuracy of this perception. Practice needs to be more consistent in the area of providing KCS training across the state. In some areas the training is offered twice a year while in others it is offered four to five times a year, for example.

**State of Montana  
Statewide Assessment**

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***Section III – Safety and Permanency Data***

## State of Montana Statewide Assessment

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### *Section IV – Narrative Assessment of Child and Family Outcomes*

General Comments: As noted in Section II, Montana included stakeholders in this assessment process by inviting them to a statewide, facilitated meeting to address the seven systemic factors and outcomes for Montana's children, and also asked local advisory councils to conduct separate, but similar, meetings in local communities. The statewide stakeholder meeting began with a presentation that shared with the stakeholders the concept behind the review and informed them of the systemic areas and the outcomes to be discussed over the period of the two-day meeting. That presentation was followed by a PowerPoint presentation of Montana's data profile. All stakeholders were informed of how Montana's data compared with national data and with the national standards on safety and permanency outcomes. It should be noted that Montana's updated data profile had not yet been received and so the recurrence of maltreatment data was not available at the time of the stakeholder meeting. After the data presentation, stakeholders broke into small groups to discuss each of the areas under review. In the interest of time, comments on data and outcomes were incorporated into the discussions of systemic areas. Thoughts and comments of stakeholders are included in Section II, but are not repeated in this section.

The discussion below does not discuss outcomes for Native American children separately from outcomes for other children. In Montana, services are provided in the same manner to all children and families. More detail is provided under Section II, question 4.

#### **A. Safety**

***Outcome S1: Children are, first and foremost, protected from abuse and neglect.***

***Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.***

##### **1. Trends in Safety Data**

*Have there been notable changes in the individual data elements in the safety profile in Section III over the past 3 years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.*

There has been little significant change in any of the safety data elements of Montana's data profile. Many factors probably contribute to this apparent consistency in numbers -- There have been very few changes in policy or statute during the three years covered by the profile. The economy was fairly stable over those three years and funding for the Division saw little change.

Some changes did occur in the fall of 2000 that could impact Montana's data but that impact wouldn't be realized until 2001 and the 2001 NCANDS data has not yet been compiled. More detail on changes is provided under subsequent questions.

## State of Montana Statewide Assessment

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### **2. *Child Maltreatment (Safety Data Elements I & II).***

*Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.*

During the years under study, reports were called in to local offices where the on-call intake worker took the information. Reports were (and are) categorized as CPI (information only – no investigation follows unless there is an open case involving the same individual), CFS (request for services), or CPS (report meets the criteria of potential risk to the child and an investigation follows). In every county of the state, an on-call worker was assigned to receive after-hours and weekend reports. All categories of reports are to be entered on the CAPS system within 48 hours.

Effective January 1, 2002, all reports are called toll-free to a centralized intake (CI) unit located in Helena. CFS and CPS reports are then transferred to the field via the CAPS system. Reports requiring immediate response are telephoned immediately to a worker in the field. The centralized intake unit is open 24 hours a day, 7 days a week. The CI worker uses a 6-page list of questions and reminders in taking a report and making the assessment as to whether or not the report is considered a CPS, a CFS, or a CPI.

After investigation of CPS reports, the investigating worker will make a determination of substantiated, indicated, unsubstantiated, closed without finding, or unfounded. “Indicated” is defined in Montana policy as “maltreatment occurred, but the alleged perpetrator of the maltreatment is not the person legally responsible for the welfare of the child.” A written report regarding the investigation must be completed within 60 days of receiving the referral. This report must be entered into the CAPS system to be considered “complete”.

An important factor affecting the quality and consistency of investigations is having a sufficient number of well-trained staff and supervisors available to investigate reports in a thorough and timely manner. New, less experienced staff may make decisions based on inaccurate and inadequate information. Inexperience can lead to either fewer or more substantiations. Supervisors must have enough time and expertise to give new staff the critical and supportive supervision needed. In 1999, the University of Southern Maine conducted a workload/caseload study on the Division. The results of this study indicated the need for at least 40 more social work staff. Turnover of direct service CPS staff was quite high during the three years covered by the data profile, but seems to have decreased since 2001, probably due to the economy more so than the work.

The data profile indicates a slight decrease (1% per year) in the number of substantiated/indicated reports; and at 15.1 % in CY 2000, Montana’s rate of substantiation is well below the national percentage of 29.9%. The percentage of unsubstantiated reports rose slightly from 73% to 74%. Probably the most obvious reason for the decrease in

## State of Montana Statewide Assessment

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substantiated reports was the change to a higher standard. In 2000, the standard for substantiation changed from “reasonable cause to suspect” to “a preponderance of evidence.”(MCA 41-3-102) The worker must produce evidence/facts to demonstrate that it is more probable than not that the alleged abuse/neglect actually occurred.

Some other significant changes occurred in the fall of 2000:

There was a change in the process through which alleged perpetrators are afforded due process. Prior to the change, if a determination of ‘substantiated’ was appealed, the determination was reviewed first by a panel of peers (social worker supervisors from each region of the state); and then, if upheld by the review panel and appealed again, it underwent administrative review. Now, alleged perpetrators who request an appeal of the substantiation are provided a fair hearing which is conducted by the fair hearings officer located in the DPHHS Quality Assurance Division. The fair hearings officer does not consider whether or not the child was abused/neglected, but rather whether or not there is a preponderance of evidence sufficient to demonstrate that the alleged perpetrator was in fact the one who abused/neglected the child. Social workers are not skilled in presenting evidence; and more often than not, the social worker is not represented by an attorney at the fair hearing. Many substantiated reports are being overturned at fair hearing. There is insufficient data at this time to know the full impact of this change in process, but there is concern that a spin-off of the fair hearing process is that social workers are more hesitant to substantiate.

Also, prior to 2001, in-home services contracts around the state focused mostly on primary prevention. Contractors served families whose children were determined to be at risk of abuse/neglect, with no requirement that the family be known to the CPS system. In 2000, those contractors were asked to transition to serve families referred by the Division. The change in the population seen by the in-home services contractors became effective on July 1, 2001. Division staff were simply not able to meet all the needs of families on their caseloads and the change to have contractors provide services only to families referred by the Division was made in order to better provide more effective and more timely service to the families with the greater need, as well as to meet the “reasonable efforts to prevent placement” requirement of ASFA.

### **3. Cases Opened for Services (Safety Data Element III).**

*Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.*

The Montana Data Profile calculates 48.3% of the 2001 victims in the year 2000 had cases opened for services. The national rate is about 10% higher. In Montana, the social worker and supervisor together determine on a case-by-case basis, whether or not to open the case for services. Some reasons for not opening services may be:

## State of Montana Statewide Assessment

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- o the determination was “indicated,” not substantiated, meaning it was third-party abuse and there may be no reason to open the case for services, especially if the perpetrator has no access to the child;
- o prior to the investigation, the family was already receiving services on their own, and it may be determined that no additional services are needed;
- o the age of the child may negate the opening of a case;
- o it may have been an instance of situational abuse/neglect that is not likely to occur again;
- o the child may be placed with the other (non-custodial) parent and no services are needed.

In Montana, services may be provided whether or not the abuse is substantiated. Over the three years of the profile, the number of clients receiving services is calculated to be about twice as many as the number of children placed out-of-home. Being at risk of abuse/neglect is considered to be in need of ‘emergency assistance’ and, as such, TANF dollars are used to provide services to families whose children are at risk. Assuming the situation is not so severe as to require removal of the child, many of these families are referred to family support and preservation services provided under contract with the Division. TANF dollars are used to fund many of these services. In-home visitors work with the families in the hopes that no further involvement with the agency is required.

In addition, the Division provides funding to Big Brother/ Big Sister programs in western Montana to provide appropriate role models to children both in and out of the child protection system.

There have been no major changes over the past years that would affect the rates of cases opened for services. In July 2001, a drug court was implemented in Billings. The model has been very successful and it is hoped it will be duplicated in other areas of the state.

#### **4. *Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV).***

*Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.*

The percentage of children entering foster care is amazingly consistent over the three-year period: 34.2% in 1998, 35.9% in 1999, 35.7% in 2000. It’s difficult to know exactly why this is so. The number of foster homes has also been fairly static, although the Division places more and more children in kinship homes. There has been no increase in funds or staff, nor has the number of contracts providing in-home prevention services increased. It is possible, because of staff limitations and limitation in the number of available foster homes, that only in the most severe cases of abuse or neglect are

## State of Montana Statewide Assessment

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children removed from the home. The high rate of recurrence of maltreatment seen in the data profile would seem to support this possibility.

A very promising practice in Montana is the use of family group decision-making meetings. Families are encouraged to “take care of their own” and many relatives take the children into their homes while the parents complete a treatment plan. Background checks are required, but relative homes are not required to be licensed.

The Division purchases home-based services from 22 private providers statewide. In-home services are available in all of Montana’s larger communities and in many of the rural areas. Families access these services by referral from the local CPS worker. In the period of July 2001 through January 2002, approximately 1,849 children were served by these local service providers. Currently the number of children in care appears to be decreasing due to a change in policy whereby the providers of these in-home services are serving only families referred by Division staff.

### **5. *Child Fatalities (Safety Data Element V).***

*Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.*

Montana has long faced a lack of consistent data collection regarding causal factors for fetal, infant, and child deaths in the state. Recently, Montana has initiated several strategies to improve data collection and reduce infant and child deaths caused by maltreatment.

In May of 1997, the Montana Legislature adopted into law the “Fetal, Infant and Child Mortality Prevention Act.” The purpose of the Act is to “encourage local communities to establish voluntary multidisciplinary Fetal, Infant, and Child Mortality Review (FICMR) teams to study the incidence and causes of fetal, infant, and child deaths.” The Act directs local teams to compile mortality statistics, analyze preventable causes of death (including child abuse and neglect), and recommend measures to prevent future deaths. The Act allows health care providers and county attorneys to share otherwise confidential information with members of the FICMR teams, and specifies which agencies can be represented on the teams.

In 1998, Montana applied for and received a 3-year grant from the federal Health Resources Services Administration (HRSA) to implement a statewide mortality review program. Information on how Montana is proceeding under the grant is included below.

In addition to both (a) passing the new state law to direct the formation of local FICMR teams, and (b) obtaining the HRSA grant, Child and Family Services staff provide regular training programs across the state to increase children’s safety. By training new parents, child protection team members, law enforcement, and other professional and



## State of Montana Statewide Assessment

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voluntary members of the child welfare community on how to identify the symptoms of child abuse and neglect – the Division intends to reduce the number of children who are harmed as a result of maltreatment.

In 1998, the Department established a State FICMR team to develop guidelines, provide policy, and monitor the local teams. The State team is also directed to publish aggregate data on information reported by local FICMR teams. State team members include the:

- o Child and Family Services Division Program Officer for the Children's Justice Act grant and Domestic Violence grant;
- o State Medical Officer, Medical Examiner, and Assistant Attorney General;
- o County coroners and law enforcement;
- o State and local mental health departments;
- o Tribal attorneys and Indian Health Services representatives;
- o Private physicians, public health nurses, and community hospitals; and
- o a representative of the State Office of Public Instruction.

The three-year HRSA grant allowed the State to hire a fulltime coordinator to assist Counties and Tribes to develop local FICMR teams. To date, 34 teams are organized, meet monthly or quarterly, and review approximately 90% of all statewide fetal, infant, and child deaths. Local teams must include at least five members from "core" agencies: Child and Family Services, public health, mental health, local hospital, county coroner, local school district, Tribal government, and/or the county attorney. Three Tribal FICMR teams review fetal, infant, and child deaths for Tribal members including the Blackfeet, Crow, and Salish Kootenai (Flathead). Representatives of the Northern Cheyenne and Fort Peck Tribes participate on county FICMR teams.

For infants and children under the age of 18, all deaths are reviewed by local FICMR teams -- in 40 of the State's 56 counties. All information shared by local teams is held confidential. The focus of the local FICMR team's deliberations is to answer the question, "*Could anything have been done to prevent this death?*" The team considers not only the child's death in question, but also the potential for prevention of future deaths of infants or children in similar circumstances. Local FICMR teams perform an in-depth analysis of cases using a 'de-identified' standardized data set. [De-identified indicates that confidential information is removed from case information.] The team discusses each case, identifies relevant risk factors, determines to what degree the death may have been preventable, and recommends how similar child deaths may be prevented in the future.

Team members regularly take information back from each monthly or quarterly review session to their own agencies to improve practices and responses. Team members also serve on other community prevention education teams, e.g. domestic violence, child protection, safety – and inform the public on how to improve safety for children through those forums. In July, the State FICMR team will publish its first comprehensive report analyzing the causes of fetal, infant and child deaths for the two-year period 1999-2000.

## State of Montana Statewide Assessment

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Child and Family Services will distribute the report to members of the State and Local Advisory Councils for Child and Family Services, and to the Division's regional and county office staff. Recommendations for how to prevent child deaths related to child abuse and neglect will be incorporated into future staff training curricula.

A major challenge for State and local FICMR review teams is to develop prevention recommendations. The teams use a variety of strategies to communicate with community agencies for action and public education. For example, Kiwanis Clubs in Eastern Montana sponsored an effective public education campaign centered on the theme, "Never Shake a Baby." Shaken baby syndrome is now covered in basic training programs provided to all Child and Family Services social workers and foster parents, and in parenting education classes offered throughout the State.

The new FICMR report form that will be distributed in Summer 2002 asks local teams to identify prevention activities prompted by each FICMR review since the death of the child. The categories include providing new services to children and families, changes in agency practice, public forums, advocacy, legislation, and education.

During 1999 and 2000, local FICMR teams reviewed a total of 256 fetal, infant, and child deaths and submitted their findings to the State FICMR Coordinator for data entry. A comprehensive report, analyzing the characteristics of those deaths, is targeted for publication in Summer 2002. To improve consistency in the data collected on child deaths due to maltreatment, the State FICMR Coordinator recently revised the 14-page questionnaire that is completed by local FICMR teams on each child death. Once approved by the State FICMR team, the State Coordinator will distribute the new report form to local FICMR teams. The new form identifies whether the child, caretaker, or another family member had prior involvement with Child and Family Services; the number of prior referrals to Child and Family Services; whether prior abuse was documented; whether the child or family had previously been identified as being at a high risk of abuse; and whether services or treatment were provided to the family prior to the death of the child. The new form also groups causes of death associated with child abuse or neglect, and asks local teams to identify "suspected triggers" that may have precipitated those incidents of abuse/neglect.

### **6. *Recurrence of Maltreatment (Safety Data Element VI).***

*Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.*

Montana is not in compliance on this element. The national standard is 6.1% or less. Montana's rate in 1998 was 14.7%; in 1999 was 12.4%, and in 2000 was 13.1%.

## State of Montana Statewide Assessment

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Until receiving the updated data profile, the Division Management Team was not aware that the percentage of recurrence of maltreatment was as high as it appears to be. Though workers are required to view prior history of abuse/neglect prior to investing a report, there was never a sense that the rate of recurrence was a matter of concern.

After receiving the data profile, a request was made for an on-line query of the CAPS system that would provide CAPS identification numbers of all children experiencing a recurrence of maltreatment during calendar year 2000. A random check was then conducted to try to discern the reasons why this rate is so high. The sample pulled from CAPS is different from the sample in the data profile—the data profile lists 146 children from the first 6 months of the year who experienced a recurrence of maltreatment within 6 months of the first occurrence; the CAPS sample lists 272 children over the course of the entire year.

It is believed, after random review, that one explanation for the apparent high rate of recurrence of maltreatment might be duplicate reports. Of the 272 children identified in the online query, 39% of them had reports dated within a one-week time period. The CAPS system has no systematic means of identifying duplicate reports. Examination of the data, revealed many instances when there were two (sometimes three) reports on the same day or within a day or two. Each report has its own unique number and workers are entering information on all of the reports, even though only one investigation was conducted. The workers enter the type of abuse and the determination on all reports. The data, then, would give the impression of 2 or 3 separate substantiated incidents, when in fact there was only one.

Having converted to a centralized intake system in January 2002, the Division is much better able to identify duplicate reports and deal with them properly. Centralized intake staff are instructed to enter duplicate reports (identical information, different reporter) under the category of CPI (information only). If a report comes in that is similar to a previous report, but containing different information, it is added as an addendum to the text portion of the original report. Only one investigation would take place to investigate all allegations and only one report/referral detail screen would be completed on CAPS.

As part of the continued analysis of this nonconformity, previous data will be compared to current data to determine if recurrence of maltreatment data has changed since the onset of centralized intake. A training for field supervisors will be conducted to put into place a better means of dealing with duplicate reports that are not identified by centralized intake.

On a monthly basis, the CFSD Management Team has been tracking recidivism for several years--looking at aggregate numbers, not specific cases. The extraction of data looks back 5 years on the system to determine the percentage of children re-entering care within 5 years of a permanent exit from care. These percentages typically run between 14% and 20%.

## State of Montana Statewide Assessment

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Social workers are required to search the CAPS system prior to investigating a report, to determine if there is any history of abuse or neglect. Risk assessment tools are available for use by social workers but are not mandated. It is the policy of the Division to provide protective services to the child in his/her own home when able to do so without risking serious injury to the child. Therefore, in a majority of cases, families are provided services while the child remains in the home. Only when it is determined that the child's safety is at imminent risk are they removed from the home.

It is disturbing that data indicates a high rate of recurrence of maltreatment in Montana. Discussion with staff has revealed a disbelief that the problem is as large as it would appear to be. Some other factors that may be affecting the data are:

- a) Montana Statute – Until October 2001, Montana statute required that all reports of child abuse/neglect be investigated. There is the possibility then that social workers in Montana, following the statute, walked into a greater percentage of homes than workers in other states. Effective July 1, 2001, the statute allows an assessment at the time the report is received to determine if an investigation is needed.
- b) The Montana Family Policy Act, MCA 41-7-101 et seq, requires preservation of the family first and foremost. As stated above, only when it is determined that the child's safety is at imminent risk is the child removed from the home. The data supports this in that of the 2,431 victims in CY 2000, 1,199 child cases were opened for services, but only 906 children entered care.
- c) The determination of "indicated" is used when the abuse/neglect is determined to be by a third party, i.e., someone other than the person legally responsible for the care of the child, or when the perpetrator cannot be clearly identified. Staff might offer services on these cases, but are not likely to remove the child unless there was a substantiated allegation on the parent for failure to protect the child.
- d) One of Montana's categories of neglect is "educational neglect." Repeated substantiations under this category would probably result in nothing more than connecting the family to services available in the community. Montana statute states only that the child must be enrolled in school or home-schooled.
- e) Substantiated allegations of physical neglect are often episodic, e.g., excessive alcohol consumption, dirty house, etc. Other than making the family aware of services available, the worker would not take action on these unless there were repeated allegations or the child's safety was threatened.

## State of Montana Statewide Assessment

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Further research into this data element is needed in order to know with certainty that Montana's children "are, first and foremost, protected from abuse and neglect." The Division will be requesting a monthly report of all children with recurrence of maltreatment so that this data element can be monitored more closely.

**7. *Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VII).***

*Discuss whether or not the State's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or pre-adoptive placements.*

The state is in substantial conformity. Only six children (0.19%) were associated with incidents of abuse and neglect in foster care during 2000. This is down from 0.66% in 1999.

In 1999 the licensing responsibility for child care institutions (group homes, therapeutic group homes, shelter care facilities and child care agencies) was transferred from the Division to the Quality Assurance Division. This transfer enabled a more manageable workload for the licensing staff in Child and Family Services, and the monitoring of licensed foster homes was improved. The Division Management Team believes this has had a great impact on the reduced incidence of abuse/neglect in foster care.

The Division also places more children in kinship homes where there is, perhaps, less likelihood of abuse/neglect occurring. There is a possibility that kinship placements may create some distortion of the data due to the fact that some workers enter them on the CAPS system as a kin placement, not as a foster placement.

All licensed providers are subject to criminal background checks and CPS background checks. As of April 1, 2002, the criminal background check will include finger printing. Prospective foster parents are denied a license if their criminal history includes any of the crimes listed in ASFA. In addition, a prospective provider is typically denied a license if the background check reveals a substantiated CPS history. With approval by the Regional Administrator, exceptions are allowed if the CPS background check identifies substantiated child abuse/neglect. However, no exceptions are made if the criminal background check reveals convictions for the felonies listed in ASFA.

The following factors are recognized as risks for the maltreatment of children in foster care:

- o The behaviors/needs of children in placement are greater than they were in the past;
- o Foster homes are sometimes overloaded due to a lack of resources;

## State of Montana Statewide Assessment

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- o Inappropriate placements occur because of a lack of resources, i.e., sometimes children are placed in homes where the providers are not sufficiently trained to deal with their needs;
- o When no openings exist at the higher level of care needed, the child is placed with a foster family (changes in Medicaid eligibility for therapeutic care have impacted this);
- o Kinship families sometimes feel no need to follow the guidance received during training or the advice of the social worker;
- o There are not enough support services for foster families;
- o Because of the shortage of foster families, children are sometimes placed with the family before the family has completed the required training.

Response to reports of maltreatment of children by foster care providers is covered under CFSD Policy 202-5. When a report of maltreatment in a youth foster home is received, the referral is assigned on CAPS to the CPS supervisor. The CPS supervisor contacts the FRS (licensing) supervisor and together they consult with the Regional Administrator to determine who should investigate. If the report is against a private provider, the child placing agency is notified.

For reports of maltreatment in a Regular Youth Group Home, the intake worker notifies the local CPS worker for investigation of the abuse and notifies the Quality Assurance Division for investigation of the facility.

During the process of this statewide assessment, it was revealed that the policy does not accurately reflect the practice for investigating maltreatment in foster placements, in that sometimes no consultation occurs with the Regional Administrator. Changes to the policy are being proposed to clarify the role of the Regional Administrator in this process. Changes in policy will be completed prior to policy training in the fall of the year.

### **8. Other Safety Issues.**

*Discuss any other issues of concern, not covered above or in the data profiles, that affect the safety outcomes for children and families served by the agency.*

Two factors may affect safety outcomes. They are:

- o Policy was amended in 2000 to require a higher level of proof for substantiation—from “reasonable cause to suspect” to “a preponderance of evidence;” and
- o In 1995, statute was amended to provide that no child can be removed on the basis of an anonymous report unless the social worker is able to develop independent, corroborative, and attributable information to support the

## **State of Montana Statewide Assessment**

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anonymous report within 48 hours of initiating the investigation. There is no data and no reason to suspect that this statute has had an impact on the safety of children. The change to a centralized intake system in January 2002 should better enable the Division to track whether or not the amendment impacts the safety of children.



## State of Montana Statewide Assessment

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### **B. Permanency**

*Outcome P1: Children have permanency and stability in their living situations.*

*Outcome P2: The continuity of family relationships and connections is preserved for children.*

#### **1. Trends in Permanency Data.**

*Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past 3 years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.*

The most notable change in the data over the past three years is that adoption and guardianship numbers continue to rise and long term foster care numbers continue to decrease. The ASFA requirements were codified into statute in Montana in 1999 making it easier to move children into permanent settings. Also in 1999, the position of 'permanency planning specialist' was made a permanent position. Each of the 5 regions in Montana has a permanency planning specialist who has the responsibility of monitoring the progress of all children for whom the plan is adoption or guardianship. This very specialized focus has been a critical part of the success in this area.

Other changes that occurred in 1999 and 2000 also supported permanency for children. One was the practice of concurrent planning. This practice is consistent throughout the state as evidenced by Montana's strong showing on the data element measuring the achievement of permanency within 24 months. However, while this is a good practice in theory, it remains difficult to find foster families willing to make this commitment. Concurrent placements are difficult, not occurring as frequently as desired due to difficulty in finding a placement and also the difficulty in being able to provide the intensive services required if the child is placed in a concurrent home.

Another change was the legislative establishment of the Child Protection Unit. This unit consists of attorney specialists who work with CFSD and the Courts to expedite termination of parental rights, where appropriate, and adoption finalizations.

Adoption subsidies have helped families to feel more secure in the adoption of special-needs children.

Finally, to assist staff with an overwhelming workload, the Division began contracting for the completion of adoptive home studies.

## State of Montana Statewide Assessment

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### 2. ***Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I).***

*Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.*

The numbers of admissions and discharges have remained fairly constant over the years. There is an obvious discrepancy in Montana's data between the number of children in care on the last day of the year compared to the number in care on the first day of the following year. A preliminary inspection of the data indicates that the discrepancy may be created by several contributing factors. The two most obvious are:

- o Late entry of placement closures -- The AFCARS data is submitted to the Children's Bureau twice a year, at the end of each 6-month period of the federal fiscal year. If workers have not closed the placement on CAPS prior to submission of the data, the child is counted as still being in placement. If the worker then backdates the closure after the submission, it doesn't ever get counted. The AFCARS data submission for the next 6-month period won't include a count for these children because they are no longer in care and they never get counted as exits because of the late entry. Through the analysis of data required by this assessment process, our Division has become aware that if the AFCARS data extraction uses the transaction date (the date on which the worker actually enters the closure date), this problem is corrected when the AFCARS data is annualized. Montana, however, has not been extracting data using the transaction date.
- o Placements by the Department of Corrections (DoC) -- Data for children committed to the Department of Corrections is maintained on the same system as data for children in custody of Child and Family Services. If a CFSD child is in placement for only one day of the 6-month period, the child will be counted in AFCARS, but if the child is transferred to the custody of DoC, and is not IV-E eligible, the child will not be counted in the AFCARS data. No 'exit' gets entered on CAPS, but the child is not included in the count of children in placement during the next period.

Several checks are in place to ensure that children who enter foster care are only those children whose needs cannot be met in their own homes. CFSD must file the appropriate petition with the Court within two working days of removal, excluding weekends and holidays, and statutorily-required Court hearings must be held. In addition, every six months there is a review of the placement by either the Court, the Citizens Review Board or the Foster Care Review Committee.

## State of Montana Statewide Assessment

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Several promising practices have been put into policy or statute over recent years that may affect rates of admissions and discharges:

- o Family Group Decision-Making Meetings;
- o An emphasis on placing the child with the non-custodial parent whenever possible;
- o An emphasis on kinship placements, and the ability for kin to become licensed so that they can receive foster care payment for providing for the child; and
- o A requirement for contracted in-home service providers to serve only families referred by the Division.

In response to a request for clarification regarding the tracking of Indian children separate from others, we do track the number of entries and exits of Indian children, but no formal analysis has been conducted related to how the above-mentioned practices have impacted these.

**3. *Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II).* How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?**

As the data indicates, the majority of children in foster care are placed in family foster homes, including the homes of relatives. In the past several years, there has been a significant increase in the number of therapeutic foster home placements available to the Division. Expanded use of therapeutic foster care has allowed some children to be maintained in a family environment instead of placing them in a group home or child care agency.

Although the majority of children are placed in family foster homes, the Division struggles with availability of a sufficient number of foster homes to meet the needs of children. Lack of foster homes sometimes results in less than ideal matches being made, and ultimately in disrupted placements. Availability of appropriate services to support the placement of more difficult children contributes to placement breakdowns and placement changes.

Inadequate funding, including Medicaid reimbursement, also contributes to difficulties in maintaining appropriate placements.

The majority of out-of-state placements are relative placements. In state fiscal year 2001, approximately 260 children were placed out-of-state; about 200 of these were with the other parent or with relatives. The remainder were adoptive homes and residential treatment placements.

## State of Montana Statewide Assessment

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The increase in the number of children placed in relative homes from 1998-2000 is likely tied to the increase in the use of family group decision-making as well as greater emphasis on utilization of kinship (relative) placements. Division policy requires staff to consider placement first with the non-custodial parent and then with kin whenever a child must be placed in foster care. The decision to place with kin is based on a determination that such placement is in the child's best interests and approval (not necessarily licensure) of the home.

It is important to note that the Division's definition of a kinship home is not limited to blood relatives, but may include members of a child's or family's tribe, godparents, stepparents or a person to whom the child or the child's family ascribe a family relationship. The child must have had a significant emotional tie to the person prior to the agency becoming involved with the child or family.

The Division does not have a policy of routinely placing children in shelter care or "assessment homes" before other types of placements. Many areas do not have the luxury of shelter care or "assessment homes". Limited availability of placement resources results in utilizing what placement options are available at the time the placement is needed. If a shelter care or emergency foster home is available, it may be used at the discretion of the placing worker. Although use of a temporary placement may result in the need for a placement change for a child, it is more likely to also result in a placement setting that is a more suitable match for a child because more information regarding the child's needs will be available.

As a general policy, children are to be placed in the least restrictive, most appropriate setting to meet the needs of the child. These settings include a member of the child's immediate family (may be non-custodial parent), other relatives or friends, a licensed foster home, a licensed group home or a child care agency.

Under the training curriculum, "Keeping Children Safe, Session Three – Child Development and Session Four – Positive Discipline," foster parents learn about behavior management for foster children.

No standardized instruments are used to continually assess and determine the safety of children in foster care; however, re-licensure of foster homes requires an on-site visit and a determination that the home continues to be in compliance with licensing standards.

Stakeholders never raised the issue of inappropriate placements or safety concerns of children in placement.

## State of Montana Statewide Assessment

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#### **4. *Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V.)***

*Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State.*

CFSD policy for ensuring that children safely achieve permanency includes the permanency options of reunification of the child with the child's parent, adoption, placement with a legal guardian, placement with a fit and willing relative, or placement in another planned permanent living arrangement until the child reaches 18 years of age. When appropriate, a permanency plan for the child is developed which identifies a planned permanent living arrangement for the child that is a permanent, lifetime commitment.

CFSD data trends clearly indicate that Montana's children are being moved into permanent living arrangements on a timely basis. The median number of months to reunification or relative placement in Montana is 2 months, compared to a national average of 6.24 months in 2000. The median number of months to achieve adoption in Montana is 26.6 months compared to a national standard of 39.85 months.

The data raises question as to whether Montana's children are being moved safely into permanent living arrangements. The data related to recurrence of maltreatment and re-entry into foster care (both are out of conformity), combined with Montana's timeliness in achieving reunification, could lead one to believe children are returning home too quickly. Though it is difficult to say with certainty, the Division does not believe this is the case. The high numbers in both the recurrence of maltreatment and the re-entries into foster care appear to be related more to data entry than to practice.

#### **5. *Achievement of Reunification (Point-in-Time Data Element IX).***

*Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator.*

Montana is in conformity with this national standard during all three years of the data profile. The national standard is for 76.2% or more children to be reunified in less than 12 months. In Montana during calendar year 2000, 87% of children placed out of the home were reunified with their families in less than 12 months. As stated in the above response, the apparent success in this area may be dampened by the high numbers of recurrence of maltreatment and re-entries into foster care. It would appear that children might be returned too soon for them to be safely reunified. This is possibly true in some cases, but there are many checks and balances in place to avoid this mishap for the majority of children. Stakeholder discussions focused on the systemic areas under review

## State of Montana Statewide Assessment

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and no comments were made related to the possibility of children being returned too quickly.

When children are removed from their homes, the caretakers are required to successfully complete a treatment plan prior to reunification. Though no specific data is available, anecdotal reports indicate that frequently the treatment plan is developed during a facilitated family group decision-making meeting where the parents and other relatives and friends are engaged in determining for themselves what changes need to occur for them to safely parent their children. Parenting classes, anger management classes, drug/alcohol treatment, whatever services are needed, are put into place for the family. As the family begins to heal, the worker or aide supervises visits between the child and family. As families become stronger, they have the child home again for overnight visits. The visits become longer and longer until the parents are believed to be strong enough to safely parent again.

If available, in-home services are provided whenever appropriate. In some areas of the state, intensive visitation is provided under contract with Casey Foundation. This is recognized as a service that achieves very positive outcomes, but unfortunately it is limited to only a few areas of the state (Lewis & Clark, Broadwater, Jefferson, Ravalli, Lake, Missoula, and Mineral Counties).

To better monitor the outcome for the child, the Case Plan (CFS 427) was revamped to include information regarding the safety and well-being of the child. The case plan is reviewed every 6 months by the foster care review committee or citizen review board. It is not infrequent that a citizen review board will disagree with a worker who believes the child should be reunified; in these cases, the child remains in care until the worker and the review board agree on the reunification.

The downside to the best intentions of policy and practice is that in some areas the services needed by families are either not available or there are long waiting lists. In the more rural areas of the state, people must travel long distances to receive the services required under their treatment plan.

### **6. *Achievement of Adoption (Point-in-Time Data Element X).***

*Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.*

The national standard of 32% has been exceeded in each of the years 1998, 1999, and 2000. Montana's data indicates rates of 43.1%, 33.2%, and 42.2 % respectively.

## State of Montana Statewide Assessment

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ASFA brought about more stringent time frames in State laws and policies. After implementation of these new time frames, children have been moved through the system faster. The use of FGDM, Kinship placements, and timelines regarding circulation of children, along with use of the Treasure Book and websites, have increased the number of families available as placement options for children.

Several CAPS reports were created to aid in moving children into permanency. One report lists all children who have been in care 12 or more of the last 22 months. This report is sent each month to each judicial district and local CFSD office. It helps both the Court and the social worker know which children are approaching the point in time to petition the Court for termination of parental rights so that the child is free for adoption. In conjunction with this report, two other reports were created: one that lists all children whose parents have had their rights terminated, and one that lists all children for whom an exception has been documented.

Permanency Planning Teams meet to monitor the movement toward permanent placement for children. The team includes the social worker and supervisor, the permanency planning specialist, and the family resource specialist who work together to achieve timely permanency for the child. A transition plan is put into place to make the transition as smooth as possible for both the child and the new caretakers. To ensure safety of the children, the State has policy and rule requiring that criminal background checks and CPS checks be done on every prospective foster and adoptive parent. Beginning in April 2002, fingerprinting is required as part of the criminal background check.

Unfortunately, there are few resources available for older children or for children who are emotionally disturbed. Subsidies for both adoptions and guardianships have helped but it remains difficult to find families for these children.

### **7. *Termination of Parental Rights (TPR) (Point-in-Time Data Element VI).***

*Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.*

The percentage and number of children in care for 17 of the most recent 22 months has been steadily declining for the past three years. In FFY 1998, 42.5% of the children in out-of-home placement in Montana had been in care 17 of the most recent 22 months; in FFY 1999, 39.4% of the children in out-of-home placement in Montana had been in care 17 of the most recent 22 months; in FFY 2000, 37.4% of the children in out-of-home placement in Montana had been in care 17 of the most recent 22 months.



## State of Montana Statewide Assessment

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Montana's Child Abuse and Neglect statute and the Division's policies require compliance with the ASFA requirement that, if the child has been in care for 15 of the most recent 22 months, a petition to terminate the parent-child legal relationship be filed absent one of the exceptions for filing the petition. The determination to file a petition to terminate the parent-child legal relationship when a child has been abandoned or the child's parents have been convicted of the felonies specified in the regulations depends on whether the State has requested the court to make a determination that preservation or reunification services need not be provided.

When the social worker determines the petition is in the child's best interests and that the child's circumstances do not meet one of the exceptions to filing a TPR petition, the social worker will ask the county attorney to file a TPR petition. These decisions are made in a timely manner in the majority of cases. If a petition requests a determination that preservation or reunification services need not be provided based on abandonment or aggravated circumstances, a permanency hearing must be held within 30 days of the judicial determination and the TPR petition must be filed within 60 days.

As mentioned above, the Division developed three reports generated by the automated system which track this ASFA requirement. One report identifies the children who have been in care for 15 of the most recent 22 months. This report is submitted to the social work supervisors and the district court judges. The other reports which track related data are a report which tracks the children for whom the parent-child legal relationship has been terminated and the children for whom an exception has been documented.

The effect of the TPR requirement on the permanency outcomes of children is negligible. An analysis of the termination cases appealed to the Montana Supreme Court and decided during 2001 indicate that the length of time from filing the TPR petition to the date the district court issues the TPR order varies from 2 to 16 months. Assuming the cases are representative of cases not appealed, one could conclude that after filing the TPR petition, the child still may not achieve permanency for an extended period of time.

No discussion about termination of parental rights occurred during the stakeholder meetings.

**8. *Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV).***

*Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data)*

## State of Montana Statewide Assessment

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*compared with the total population of children in care (permanency data), identify and discuss those issues.*

Montana is not in conformity on this element. The national standard is 86.7% or higher; Montana's rate in 2000 is 80.8%.

There are many reasons that children who are placed in foster care may be moved. The provider with whom the child is placed may decide not to renew their license or their license may be revoked. Data is not readily available on the frequency of non-renewals or revoked licenses, but it is not a notably frequent occurrence. Foster parents may move and not be able to take the child with them because of the current case plan for the child. A child may need a more restrictive setting to meet their needs or need a less restrictive setting. There may be conflicts between the foster care provider and the child that result in a request on the part of the provider to move the child. A child may be in a temporary placement while the agency is awaiting a home study on a non-custodial parent or relative in or out-of-state.

Many of these same reasons can impact the movement of a child in foster care whether they are newly placed or have been in the system for many years. Some of the children in the total population of children in foster care have been in foster care for many years (10 +). Some of these children have a lengthy history of foster care placement, return home, return to foster care, return home, etc. The lack of permanency for these children often results in greater problems which lead to more placement instability.

With increased knowledge and understanding of the need for timely permanence, in combination with the statutory changes brought about by ASFA, children who come into care now are less likely to experience this pattern of upheaval. Achieving more timely permanence for them is much more likely.

Generally speaking, the longer that a child has been in care, the older they are, the more difficult their problems are and the more likely it is that the child will have been in several placements. It is difficult to get a child into a higher level of care (residential treatment) without having tried other less restrictive settings. The end result may be that the child experiences at least one, or possibly several, disrupted placements before (s)he is placed in a residential treatment center where the child's needs can actually best be met.

Information in both CAPS and the hard copy case record will provide information about temporary placements and actual changes in placement. The way CAPS currently records children "on the run," in the hospital, in respite care, or on a trial home visit can cause an inaccurate count of the number of placements a child experiences. This will be corrected when the requested enhancement to add placement statuses of trial home visit (and pre-adoptive placement), runaway, etc., are moved to production. The case record,

## State of Montana Statewide Assessment

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in most instances, will contain more detail about placements and would be a more accurate source of information.

Closure reasons in CAPS indicate the reason for placement change and can indicate whether the move was planned or not, i.e., needed care not available in current placement (CNA) vs. placement broke down (PBD). This isn't to suggest that PBD always means that the placement was not an appropriate match.

Not all, nor even a majority of children, are placed in temporary placements (shelter care or emergency foster homes or "assessment homes". Temporary placements do count as a placement on the CAPS system.

A foster care applicant may be issued a provisional license so that they can accept a placement. (Provisional licenses are allowed by both rule and policy.) The use of provisional licenses differs from region to region and is impacted by the availability of placement resources. The placing worker may also contact another agency, e.g., Catholic Social Services to see if they have any appropriate homes available.

### **9. Foster Care Re-Entries (Point-in-Time Data Elements V & XII).**

*Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues.*

Montana is substantially out of conformity on this item. The data profile indicates a 20.2% rate of re-entry compared to a national standard of 8.6% or less.

Further analysis is being done, but the Division's Management Team believes this to be a data entry issue and not a practice issue. Non-conformity on this element was not a surprise. A problem report was submitted some time ago to the CAPS staff to change the way the system reports placements. Since CAPS is a payment system, many workers believe they have to close foster care when a child enters respite care for the weekend, or goes home for a trial visit, enters a hospital, or runs away for a few days, and then they re-open foster care with the same family. Similar data entry errors are seen when a child is transferred into a legal guardianship status. A system change is planned to allow these events (respite care, trial visits, hospital stays, runaways, etc) to be entered as a 'status' rather than a placement. The work to complete this system change has not yet begun, however.

To study re-entries more thoroughly, an on-line query was requested listing all children who experienced re-entry into foster care during calendar year 2000. This sample would

## State of Montana Statewide Assessment

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not be identical to the AFCARS sample from which the profile was taken, but it provided a means of researching the problem. The preliminary analysis revealed that 35% of the children reported in placement during CY 2000 were in the custody of the Department of Corrections, not CFSD. Frequent movement of children in DoC custody is not unusual, nor is it necessarily considered inappropriate, so having these children in the same sample would certainly raise the number of re-entries. Assuming our AFCARS extraction is accurate, however, most of these children would not appear in the AFCARS file since they would not be IV-E eligible in their current placements. The CAPS system staff have examined the coding of the AFCARS submission and believe it to be extracting DoC children correctly. More extensive study will be conducted.

Of the remaining 65% who were in the custody of Child & Family Services or Tribal Social Services, 22% of the cases included multiple placements that were due to data entry errors (such as entering the wrong license or incorrect placement start and end dates), and/or limitation of our SACWIS system to distinguish between new placements and temporary removals/returns to the same placement. System limitations include the inability to accurately record hospitalization, runaways, transfers of clients and providers from foster care to a legal guardianship status, etc.

The Division will continue to examine and monitor this issue to determine the accurate rate of re-entry and to ensure that children are not being reunified too quickly, before their caretakers are able to safely provide for them.

### ***10. Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI).***

*Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons.*

Data indicates Montana is below the national median for length of stay in foster care during all three years of the profile. The median length of stay in Montana in 2000 was 16.0 months; nationally, it was 20.96 months. For first-time entries, the median length of stay is 7.4 months (up from 5 months in 1998). These numbers include Native American children in state custody. No separate data is maintained which would indicate the length of stay for Native American children. About 26% of children in state custody are Native American children. More detail is provided in Section II, number F-4.

## State of Montana Statewide Assessment

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Several factors impact this data. One is the higher standard requiring workers to demonstrate a preponderance of evidence before substantiating and removing a child whose safety is at risk. Another factor is, families with children at risk of abuse/neglect are now frequently referred to family-based services contractors, leaving the more 'hard-core' children in out-of-home placements. Montana's rate of adoptions has increased steadily over past years, but it is believed that capacity has been reached in terms of workload and resources. Older cases, older children, remain in care because workers are unable to find homes for them.

Positive impacts are related in part to the success in offering family group decision-making meetings to families. These often culminate in kinship placements and families who are engaged in developing the plan for reunification seem to work harder to make it happen.

Lack of available foster/adoptive families, especially Native American families, and resources to support these families continues to impact permanency planning for children. Also, a somewhat new phenomenon is occurring—CASA volunteers sometimes interfere with returning children home. Persons not trained in child protection tend to judge in terms of personal values that often are based on higher standards/expectations than the families are able to achieve. It can be a deterrent to reunification in a timely manner.

### **11. Other Permanency Issues.**

*Discuss any other issues of concern, not covered above or in the data, that affect the permanency outcomes for children and families served by the agency.*

A major area of concern for families thinking about adoption is a fear of not having services available to them after the adoption. Foster children receive extras like clothing allowance, independent living grants, etc. Once they are adopted, these extras are no longer available to them. They are ineligible for the Chaffee program; there are no scholarships offered; there are no clothing allowances. There are very few support services in place for adoptive families. Adoption subsidies have helped considerably, but there is a definite need for additional support services for these families.

Another concern is that, in some judicial districts, court delays (for whatever reason) hinder the timely achievement of permanency for children. As noted earlier, the issuance of TPR orders can take up to 16 months.

Also, heavy workloads make it difficult for family resource specialists to recruit, train and complete home studies at the rate needed to maintain sufficient numbers of resource families.

## State of Montana Statewide Assessment

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### ***C. Child Well-Being***

***Outcome WB1: Families have enhanced capacity to provide for their children's needs.***

***Outcome WB2: Children receive appropriate services to meet their educational needs.***

***Outcome WB3: Children receive adequate services to meet their physical and mental health needs.***

#### ***1. Frequency of Contact Between Caseworkers and Children and their Families.***

*Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.*

Policy states, the social worker must maintain frequent contact with the child and foster care provider as agreed upon by the social worker, supervisor and foster care provider. The worker supervising the child's placement should have regular face-to-face visits with the foster care provider and the child. At a minimum, these visits should occur quarterly, unless an exception is granted by the supervisor.

On a case by case basis, the treatment plan delineates how often contacts are to occur. Often, it is stated as a requirement of the parent to contact the social worker at a designated frequency. Many contacts take the form of supervised visits between the child and family members. Other contacts are often made by telephone, not face to face, due to workload and also to the rural nature of Montana, i.e. travel to and from the visit often takes more time than the visit itself. Though the value of face-to-face contact is recognized, it simply is not possible without additional staff. In September 1999, a study of case practice and workload was conducted in Montana by HornsbyZeller Associates, Inc. Their study concluded, "If the agency were to be able to approach a level of casework quality which reflected the policy standards found in other states, it would need a total of 46 additional casework staff, in addition to the corresponding increases in clerical and supervisory staff." A proposal was presented to the Legislature in 1999 and again in 2001 asking for additional staff, but neither proposal was not successful.

In dealing with an insufficient number of staff to visit children as often as best practice would mandate, the Division must take a different approach to ensuring their safety is monitored. Depending on the level of risk to the child, the treatment plan requirements may include such things as: visits with therapists, contacts with school personnel, provision for respite, day care, Head Start, contracted in-home visits, and visitations supervised by case aides, etc.

The CAPS system has the capability to track the number of contacts made during a case, but there is currently no requirement to use CAPS for this purpose and most workers do not enter the contacts on the system. Instead, they note the contacts in their case notes and they list them in reports to the Court and to the Citizens Review Board/Foster Care



## State of Montana Statewide Assessment

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Review Committee. During regular Supervisory Reviews, the case notes are discussed and the achievement of contact standards is monitored.

As mentioned earlier, in the areas where intensive visitation is provided, the outcome for children is recognizably improved. The Division hopes that this practice can be extended to other areas of the state in the near future.

### **2. *Educational Status of Children.***

*Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?*

Child and Family Services social workers and in home service workers typically rely on the school system to identify particular educational needs of children. However, social workers, parents, or foster care providers may request a Child Study Team meeting to discuss concerns about the child's educational needs and an educational assessment may be provided by the school as necessary. When the child is in foster care, social workers actively participate in Child Study Teams (CST), Individual Educational Plans (IEP), and other educational meetings and advocate for the needs of the child. Foster Care Review Committees and Citizen Review Boards often include school personnel, as the educational needs of the child are discussed in these semi-annual meetings as well.

In-home service workers may attend CSTs, IEPs, or other educational meetings to model advocacy and empowering behavior for the parent, as well as advocate for the specific needs of the child. Services provided with regard to the child's education by in-home workers are generally outlined in the contractor's Family Service Plans as approved by the Child and Family Services social worker.

The procedures for conducting educational assessments are primarily for the Division to utilize the resources and expertise of the school systems in Montana (public and private). In practice, each child's educational needs are discussed on a case-by case basis as social workers coordinate services. Advocacy for the child's educational needs is critical due to schools' limited funding especially in rural areas and in smaller schools.

Many opportunities present themselves for a child's educational needs to be discussed such as in Family Group Decision Making meetings, Foster Care Review Committee Meetings, Citizen Review Board meetings, Child Protection Team meetings, and throughout the social workers' case management activities related to the case plan for the child. When a social worker is considering foster care placement, policy reminds the worker to consider the child's educational needs while coordinating services.



## State of Montana Statewide Assessment

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The Montana public school system, including special education services and Head Start, is available to all children in foster care and to those receiving in-home services. For children identified to have emotional disturbance or serious behavioral issues, day treatment and partial hospitalization may be available through Mental Health funding, depending on location of the child's residence and the child's individual circumstances. Day treatment and partial hospitalization have come under restrictions over the past year, which limit the number of children eligible for these services.

Children placed in a Residential Treatment Facility often attend educational services at the facility. Montana residential treatment facilities that are utilized by Child and Family Services have accredited educational programs; however not all out-of-state facilities that are utilized for placement have accredited educational programs. Montana's Child and Family Services Division also becomes responsible for educational costs when children are placed in out-of-state facilities which are not approved by Montana Medicaid.

Throughout Montana, smaller school districts have formed Rural Cooperatives which address special education needs of children, and assist each school in the appropriate development of services for each specific child.

Children utilizing in-home services may be home-schooled by the parents, at the parent's discretion. Children in foster care, however, are home-schooled only in rare instances and only when approved by the Child and Family Services Regional Administrator.

For youth who have dropped out of school or are not likely to finish, two programs are available that assist the youth in completing their GED and also begin training the youth in practical work skills.

Educational surrogates are utilized to address educational needs of children in foster care when Child and Family Services has permanent custody of the child, or if CFS has temporary custody of the child and a parent is unavailable to assist with educational functions. Surrogates are appointed by the court upon the recommendation of the school district; however, surrogate resources are limited in rural school districts, making it difficult for some districts to appoint surrogates.

Advocates may also be involved with addressing the needs of children in foster care. A parent or social worker may request services from Montana Advocacy Program (MAP) or Parents Let's Unite for Kids (PLUK) to address the needs of a specific child. Advocate services are typically utilized when the parent or social worker believes that they need outside support for navigation through the system, or to ensure that meeting the child's needs are met during instances when school personnel appear reluctant to provide the services needed for the child.

## State of Montana Statewide Assessment

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Educational records are shared and made available to foster and adoptive parents as well as other care givers, consistent with the permanency plan for the child and dependent upon the extent that these records are available and accessible.

The Division's case plans address children's educational needs as identified by the child's social worker. To the extent available and accessible, the case plan includes the health and education records of the child, including the names and addressees of the child's educational providers, the child's grade level performance, the child's school record, assurances that the child's placement in foster care takes into account the proximity to the school in which the child is enrolled at the time of placement, a record of the child's immunizations, known medical problems, the child's medications, and any other relevant health and education information concerning the child, determined to be appropriate by the state agency.

The working relationship between Child and Family Services and the Office of Public Instruction (OPI) is generally good. The majority of issues that are addressed jointly are on an informal basis. For children in foster care, the majority of issues also are typically addressed by individual social workers with the individual school systems, and direction from OPI may be requested by either the social worker or school system. OPI may also be involved in circumstances when the social worker and the school system disagree with regard to the level of educational services offered to a child. OPI has been responsive to these requests and has typically been able to offer assistance in the resolution for individual circumstances.

With regard to children receiving in-home services, the in-home services contractors each have different levels of involvement with the individual school systems and OPI. If problems arise related to the educational needs of the child, the social worker involved in the case may be contacted for assistance. A further concern is that there is a lack of legislation for the enforcement of the child's right to education. Truancy laws lack effective consequences, and home school laws allow a parent to declare the child as home schooled with no follow-up to determine if the child receives an education.

The Division maintains educational data and services provided on the CAPS system. Social workers are not required to fully complete all fields on these screens in CAPS, thus the Department does not track or report this data statewide.

## State of Montana Statewide Assessment

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### **3. *Health Care for Children.***

*Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Placing workers must obtain parental permission to access medical care on behalf of a child unless the State has been granted permanent legal custody. State policy requires that placing workers must request an initial determination of IV-E eligibility and apply for Medicaid for all children placed out of their homes. A medical exam and request for EPSDT screening, including well-child recommendations is required within 30 days after placement in order to establish any ongoing or future treatment needs. All EPSDT recommendations must be followed to ensure the health of the child. A child who has not had a dental examination within a year prior to placement shall have one within 90 days after placement. Re-examination for dental shall be done annually. EPSDT shall be done periodically according to the child's age and any identified health needs. Information on how frequently dental and health examinations occur is maintained only in individual case records and case plans. These plans are reviewed by CSW Supervisors and by foster care review committees, but no statewide data is maintained.

The social worker will be responsible to develop a case plan that incorporates all health care service needs, well-child exams as well as treatments, that are identified for the child. All children in foster care are required to have a "Passport Provider" who acts as the child's primary physician responsible for coordinating the health service treatment needs of the child. Following the initial medical, dental exams and screenings, the case plan must address the health service recommendations and follow up care. The out of home provider is responsible to keep the social worker apprised of all follow up care received by the child and the progress made toward optimum dental, medical and mental health. The social worker is responsible to resolve any issue related to the provision of health services to children in foster care, therapeutic foster care or group home care and children receiving in home services and to insure that all identified health service needs are addressed.

Foster care providers are advised of the general case plan for the child including identified health service needs, medical and psychological information about the child, and any related behaviors of the child. They are also made aware of their responsibilities in the case plan for meeting the child's health service needs.

Case plans are required to be reviewed every 6 months during foster care review to ensure that the child's health service needs are being met. The foster care review is conducted by either a Citizen Review Board or a Foster Care Review Committee,

## State of Montana Statewide Assessment

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depending upon the system used in that county. No collective data is kept on the findings of the review committees.

#### **4. *Mental Health Care for Children.***

Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

CPS policies provide general information about the mental health system for social workers. Social workers arrange for assessments, evaluations, and therapy with clinicians who will best meet the needs of the child and who have demonstrated the skills required to meet the child's particular needs. Prior to removal of a child from the home, the investigation may include an assessment of the child's mental health needs. Social workers often transport the children to therapy sessions, and may be involved in sessions if requested.

The adequacy of services that the child receives is dependent on the strength of the mental health system in that community. The challenge for social workers is to locate therapists that accept Montana Medicaid in the proximity of the child's placement who can provide the services required to meet the child's needs.

The lack of resources, combined with the gaps within the continuum of care, compromise the integrity of the treatment the child receives. Identified gaps within the mental health system continuum include, but are not limited to, treatment for sexual offenders, young seriously emotionally disturbed children, dually diagnosed children, and seriously emotionally disturbed girls. Furthermore, placements are determined by the available resources rather than being driven by the needs of the child, including the need for proximity to the birth family and school. As a result, the child may be placed in a new community, and the distance from the birth family and social workers hinders their involvement in the treatment process and may jeopardize reunification.

Social workers are increasingly concerned about the misdiagnosis of children and the overuse of medication. Misdiagnosis is believed to be high with children who are grieving or who are exhibiting behavioral problems in the birth family. Common diagnoses in Montana children which appear to be overused are attention deficit hyperactivity disorder and reactive attachment disorder. Medication may be prescribed according to a behavioral report from the school or birth parent, without a full evaluation of the child's mental health issues. In addition, medications may be used prior to utilization of effective behavioral programs/intervention or working with a therapist.

## State of Montana Statewide Assessment

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Data regarding the provision of mental health services to children in either foster care or to children receiving in-home services is extremely difficult to obtain. The CFSD CAPS system was designed to facilitate payments for the care of the child; however, mental health services are typically funded through Montana Medicaid, not through the CFSD budget. The services funded on CAPS can easily be determined for each child. The services funded through Montana Medicaid are more difficult to determine. To begin with, this information is not readily accessible to CFSD as there are several agencies that are involved in the approval and payment of the mental health services. DPHHS Addictive and Mental Disorder Division contracts with First Health to review and approve children for mental health services. First Health does not have a mechanism in place to determine if the child is in foster care or receiving in-home services. Affiliated Computer Services (formerly Consultec) distributes the payment for services to the providers, and a report has not been designed within that data base to determine the number of children in foster care who receive mental health services.

By policy, the EPSDT is to be completed for each child who enters foster care within thirty days of placement. The EPSDT includes an general mental health assessment to determine if the child needs a referral for a more complete evaluation or services. The social worker and supervisor evaluate each child on a case by case basis to determine if mental health services are indicated. In practice, social workers expend considerable time and effort on the mental health services of children, and are adept at identifying the needs of each child. In addition, Guardian ad Litem, school personnel, foster parents, Foster Care Review Committees, and Citizen Review Boards are sensitive to mental health needs of the children and express their particular concerns in this area to the appropriate social worker. An initial mental health assessment may be completed at the request of the persons listed above. If the mental health assessment identifies significant mental health issues of the child, a psychological or neuro-psychological evaluation may be completed. The evaluation is then utilized in developing the services provided to the child while in foster care.

Once a child is identified as having mental health issues, continued assessment and evaluation may be completed by several different approaches. Ongoing mental health assessment will be completed by therapists or other clinical staff if the child is placed in either a therapeutic setting (therapeutic group home, therapeutic family foster care, residential treatment) or in outpatient counseling. Further psychological evaluation may periodically be completed at the request of the therapist, clinical staff, mental health case manager, or social worker depending on the current issues of the child, the length of time since the previous evaluation, and the reliability of the initial psychological evaluation. Annual EPSDT health care screening are also completed on each child, which assists social workers further with identification of mental health needs of children in foster care.

Tracking the provision of mental health services for children receiving in-home services is accomplished by the in-home service contractors. In-home service contractors may receive information from treatment team meetings, therapists, treatment facility, schools,

## State of Montana Statewide Assessment

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birth parents, and the child. The social worker involved in the case may receive periodic information upon request.

Tracking the provision of mental health services for children in foster care is the responsibility of the social worker. The social worker may receive information regarding mental health services through written and/or verbal reports from the therapist, the foster parent, the child, the birth parents, schools, or residential treatment facility. By contract, therapeutic group homes, regular group homes, therapeutic family foster care agencies, and shelter care facilities are to provide written reports monthly about the activities of the child, including the provision of mental health services. Information may also be gained in group meetings, such as a treatment team meetings on the family/child or Family Group Decision Making meetings. In addition, mental health case managers provide information to the social worker about therapeutic interventions with the child when they are involved with a particular child. Social workers may discuss the provision of mental health services with his/her supervisor and treatment team members to determine if the services provided are appropriate for the child and are accomplishing the therapeutic goals for that child.

CFSD often utilizes Medicaid services to provide for mental health services for children in foster care, and to children receiving in-home services who are Medicaid eligible. Montana Medicaid mental health services are managed by First Health, a managed care contractor. The system which is utilized by First Health currently is that mental health professionals (i.e. therapist, medical doctor, and mental health case manager) provide clinical information to First Health regarding the child, including the recommended level of care appropriate for the child's needs. First Health reviews the clinical information to determine the level of care required for the child according to guidelines provided to First Health by the Administrative Rules of Montana. First Health will then approve, or disapprove the level of service requested.

Recently, due to budget demands, emergency changes have been implemented in the Administrative Rules of Montana, restricting the eligibility requirements for therapeutic care, decreasing the amount of mental health case management for children in therapeutic group care, and decreasing therapy sessions available for children in out-patient therapy. In addition, mental health services have increasingly restricted the services available to Montana children over the past two years. Within the past year, the definition of Seriously Emotional Disturbance was tightened, limiting the recognized diagnoses in children which may be treated with Montana Medicaid funds. Furthermore, mental health services were removed from the CHIP program which serves as a basic insurance program for children who are not Medicaid eligible and who cannot afford to purchase health insurance. An expected impact that has not yet been realized from the mental health system is that waiting lists for children requiring residential treatment may be implemented rather than placing children out-of-state for services available in-state.

## State of Montana Statewide Assessment

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The levels of therapeutic care for children and adults are similar in outpatient therapy and mental health case management; yet, the residential treatment and group home levels differ significantly. Outpatient therapy and case management can continue uninterrupted once the child becomes an adult. The role of the case manager for children in a residential setting becomes more significant once the child becomes of age, as residential care is typically not a long-term option for these children. The case manager then assists the “adult” in accessing services within the community for mental health care, employment, and housing.

Facilities which provide treatment or therapeutic care to children are expected to provide discharge plans for each child, which would include the transfer from the children’s system to the adult system. The success of the facility’s plan often is determined on the ability of the child to access services on his/her own, and the plans may or may not include housing and employment.

### **5. *Other Well-Being Issues.***

*Discuss any other issues of concern, not covered above or in the data, that impact on the well-being outcomes for children and families served by the agency.*

Other concerns that are not within the Division’s control are:

- o Medicaid funds for children and families are being decreased. More families are being added to Families Achieving Independence in Montana (FAIM) roles.
- o Many school districts struggle to get bond issues passed.



# State of Montana Statewide Assessment

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## Section V - State Assessment Of Strengths And Needs

### 1. *What specific strengths of the agency's programs has the team identified?*

In identifying specific strengths, the Management Team recognized that with every strength identified, an associated weakness was also identified. For example:

- o Family Group Decision-Making meetings provide an outstanding means of involving parents in the development of their child's case plan and in the family's treatment plan. Policy states that an FGDM will be offered to every family for whom it is appropriate. In practice, the number of meetings held has increased dramatically, but overburdened workers are not able to offer this service to every family.
- o Statewide, the array of services available is sufficient to be able to help families succeed, but families in smaller, more rural areas do not enjoy the same accessibility to services that families in the more urban areas experience.
- o The Division does well, especially through the assistance of our state and local Family Services Advisory Councils, in working with communities, but more work needs to be done in the area of community awareness and in improving the image of the agency.
- o The initial training for new social workers is effective, but the Division does not provide sufficient specialized ongoing training for social workers. Foster Parent training is well done, but there are not sufficient staff to offer the training as frequently as needed.
- o The Division has in place sufficient checks and balances to assure quality practice, but there is no formalized system for quality assurance.
- o As demonstrated in the data profile, Montana is quite successful in achieving finalized adoptions within 24 months. The number of finalized adoptions has been increasing from year to year but is expected to level off simply because of staff limitations and limited resource families.

### 2. *What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.*

Many gaps and barriers are noted throughout this assessment document. The process has served to validate weaknesses that had already been identified by the Division's management team. A lack of resources and the obstacle of geographical barriers, however, make it nearly impossible to address many of the gaps and barriers identified.

## State of Montana Statewide Assessment

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The management team has agreed that the Division's major focus should be examining and addressing the areas of non-conformity with national standards.

Montana is not in conformity on three of the national standards: recurrence of maltreatment, re-entries into foster care, and the number of placements within a 12-month period. These are certainly the most critical to the outcomes of children. Preliminary analysis of the data does imply that the numbers are reflective of data entry issues and not practice issues, but additional analysis must take place to assure this is the case.

3. *Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?*

### Yellowstone County

Yellowstone County, located in the south central part of the state, includes the city of Billings, which is Montana's largest urban area. Yellowstone County has a population of approximately 129,352 people; about 32,965 are under the age of 18. The Crow Reservation, though primarily in Big Horn County, includes a corner of Yellowstone County. The 2000 Census lists the Indian population in Yellowstone County at 3,950.

Probably due to the large population, court delays are a concern in this county. In-home services are largely provided through a contract with a local provider. This has been a very successful relationship. Foster care review in Yellowstone County is performed by Foster Care Review Committees.

### Lewis and Clark County

Helena, located in Lewis and Clark County, is the capital of Montana and, thereby, the area with the closest proximity to state stakeholders. Per the 2000 census, population is approximately 55,716; about 14,268 are under age 18. There are no reservations near the Helena area. The American Indian population is shown to be 1,137.

Our staff in the Helena office enjoy a unique and positive cooperative working relationship with the Courts, County Attorneys, and Law Enforcement. Since the Helena region piloted the practice and has been doing it longer than other regions, this area will provide the best sample of the integrated use of Family Group Decision Making. The Helena region experiences the lowest placement rate of children and the lowest costs for services provided. Case review in the Helena area is conducted by the Citizen Review Board. The Billings region uses the Foster Care Review Committee model, so the on-site review team would have the opportunity of reviewing both models. The Native American population is small in Helena compared to other sites mentioned. The county is large and several rural communities are located within the county line.

## State of Montana Statewide Assessment

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### Cascade County

Cascade County, located in the north central part of the state, has a population of 80,357, with 20,912 under the age of 18. The city of Great Falls is located here, and there are several small rural communities.

There are three reservations in the Great Falls Region: Blackfeet, Rocky Boy, and Ft. Belknap. None are located within the county, but there is a large urban Indian population, 3,394 per the census, and caseloads for CFSD workers in this area include a large number of Native American children. The state has Tribal Contracts with all three reservations for the use of IV-E funds.

The Citizen Review Board model is used for case review in the Great Falls area. A unique permanency unit structure, different from other areas of the state, is used in this region. No in-depth analysis has ever been conducted to compare the effectiveness of this permanency unit structure with other models in the state in terms of outcomes for children. The Great Falls area does meet a high percent of their permanency goals. The CasCo Project is unique to the Great Falls area and is available to families not represented by an attorney. Its purpose, briefly, is to provide information to families who become involved with Child and Family Services to help them understand the laws around child abuse/neglect and the process that is followed when families become involved. Though the Division has heard positive feedback on the project, no formal assessment has been conducted as yet.

### Flathead County

A third area for consideration is the Kalispell area in Flathead County, located in the northwestern part of the state. The county's population is listed at 74,471, with 19,287 under the age of 18. Though the 2000 Census lists a small Indian population (856) in Flathead County, the county is adjacent to the Flathead Indian Reservation, which is the only PL 280 reservation in the state.

Kalispell is the largest city in the county. Case review in this area is done using the Foster Care Review Committee model. The Division's greatest concern in this area is the large number of concerns raised by residents of the area--families who have become involved in the system. There has been considerable population growth there and the concerns may arise as a result of insufficient staffing to deal with the increased caseload. Whatever the reasons, there is sufficient concern to warrant further examination. Flathead County also includes several rural communities.

The chart on the following page shows safety and permanency data for these counties as well as the counties of Missoula, Gallatin, and Silver Bow. Montana's largest population areas are located in these seven counties. Missoula County is located in the western part of the state and has a population of 95,802. The largest city in Missoula County is Missoula. Gallatin and Silver Bow Counties are located in the southwestern part of the state. Bozeman is the largest city in Gallatin County; Butte is the largest city in Silver

# State of Montana Statewide Assessment

Bow County. Population of Gallatin County is 67,831. Population of Silver Bow County is 34,606. Missoula, Bozeman and Butte each house a university.

## Montana's Federal Review Site Selection Percentages by County \*

		Recurrence of Maltreatment	CA/N in Foster Care	Reunification within 12 months	Adoption within 24 months	Two or less placements in 12 mos	Re-Entry into Foster Care
	<b>National Standard</b>	≤ 6.1%	< 0.57%	≥ 76.2%	≥ 32%	≥ 86.7%	≤ 8.6%
	<b>Statewide</b>	13.10%	0.19%	87%	42.20%	80.80%	20.20%
56	<b>Billings - Yellowstone County</b>	13.00%	1 report	81.08%	40.43%	63.86%	22.92%
47	<b>Butte - Silver Bow County</b>	18.56%	N/A	89.47%	50.00%	65.89%	26.39%
16	<b>Bozeman - Gallatin County</b>	16.07%	N/A	100.00%	83.30%	86.36%	25.64%
07	<b>Great Falls - Cascade County</b>	17.06%	N/A	95.45%	77.78%	83.33%	19.69%
25	<b>Helena - Lewis&amp;Clark County</b>	13.64%	N/A	72.72%	76.92%	86.79%	26.53%
15	<b>Kalispell - Flathead County</b>	13.92%	1 report	80.00%	50.00%	81.25%	22.64%
32	<b>Missoula - Missoula County</b>	9.72%	N/A	92.31%	100.00%	82.02%	35.62%

\* Since the annualized AFCARS data was not available when calculating these percentages, data from Montana's AFCARS submission for the 6-month time period of April 1, 2000 to September 30, 2000 was used to perform these calculations. State percentages calculated for this time period were very close to those produced in the Montana Data Profile. A 100% number occurs as the result of a very small number of cases.

Recurrence of Maltreatment percentages were calculated by dividing the number of recurrence reports by the total number of reports received in that county.

## State of Montana Statewide Assessment

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4. *Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.*

The statewide assessment process, though tedious, has proven to be quite valuable. The Division first sought input from its social worker supervisors. An overview of the process was provided first, and then supervisors were split into small working groups to discuss the seven systemic areas and to discuss the areas of the data profile where the state was not in conformity. This provided a prospective from within of what our staff perceived as the strengths and weakness of our system.

Subsequent to that meeting, a two-day facilitated meeting was held with stakeholders from all across the state. Once again, the large group was divided into smaller groups for discussions on what they perceived were the strengths and weaknesses of the child welfare system. This may have been the first time ever that so many stakeholders from so many different perspectives were together to talk about the welfare of Montana's children. Most who participated were very thankful for the opportunity.

During the month of March, our local Family Service Advisory Councils gathered a similar mix of stakeholders in their community. Due to time constrictions, stakeholders at these meetings discussed strengths and weaknesses in a broader sense. Minutes from each of the community meetings were sent to the state office so their concerns could also be addressed in the statewide assessment. Letters from stakeholders received after these meetings indicated that they, too, were grateful for the opportunity afforded to them.

The data profile prompted a more in-depth analysis of data than ever done before, especially in the areas of non-conformity. Though the analysis has not yet revealed anything we were not already aware of and concerned about, it has proven to be an enlightening endeavor.

Overall, the Division has found the statewide assessment process to be a worthwhile endeavor.

## State of Montana Statewide Assessment

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**5. *List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).***

**Statewide Stakeholder Meeting Participants --**

Janine Alberda	Montana Foster/Adoptive Parent Association
Shirley K. Brown	DPHHS/Child and Family Services Division
Rep. Edith Clark	Montana House of Representatives, House District 88
Gail Clifford	DPHHS/Child and Family Services Division
Sylvia Danforth	Development Educational Assistance Program
Doug Dellwo	State Court Appointed Special Advocate (CASA) Program
Cookie Desjarlais	Bureau of Indian Affairs
Fred Fisher	Casey Family Program
Shirley Folkwein	CASA program (Billings)
Jeff Folsom	AWARE (Youth Group Homes)
Kevin Frank	DPHHS/Child and Family Services Division
Ann Gilkey	Court Assessment Project
Chuck Hunter	DPHHS/Child and Family Services Division
Lynda Korth	DPHHS/Child and Family Services Division
Pat Llewellyn	Montana Foster/Adoptive Parent Association
Jeff Lynch	Yellowstone County Attorney
Pam Mayer	DPHHS/Child and Family Services Division
Patty McGeshick	Ft Peck Reservation Crisis Center
Rita Nickoloff	In-Care Network
Hon. E. Wayne Phillips	Judge, Fergus County Court
Justice Jim Rice	Montana Supreme Court
Kent Rice	Legislative Audit Division
Bob Runkel	Office of Public Instruction
Karen Sedlock	Citizen Review Board
Bill Snell	In-Care Network
Betsy Stimatz	DPHHS/Child and Family Services Division
Lou Thompson	DPHHS/Addictive and Mental Disorders Division
Shirley Tiernan	DPHHS/Child and Family Services Division
Mike Wingard	Legislative Audit Division

# State of Montana Statewide Assessment

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## Community Stakeholder Meeting Participants –

### EASTERN REGION

#### **Miles City Meeting --**

Garry Bunke	Attorney General office/Advisory Council
Meridith Hirsch	Custer County Health Dept/Advisory Council
Caroline Fleming	CNADA/Advisory Council
Sue Parker	IV-E Foster Care/Advisory Council
Shirley Swogger	Foster Parent
Sherwood McKay	Advisory Council
Gordon Jackson	Mental Health
Donald Westall	CASA/AWARE/Foster Parent
Lee Morrison	Mental Health
Teresa Singleton	DEAP/Partnership program
Earl Brewer	DEAP/FBS
Tanneil Kuchynka	AWARE-Youth Case Manager/FSS
Ruth Kuchynka	Custer County OPA/CASA
Alalyne Nicol	CASA
Mike King	Miles City Police Department
Dan Watson	Rosebud County Commissioner
Agency Staff:	Shyla Barnosky, Serri Dodd, Debbie Maier

#### **Hi-Line Meeting --**

Lureta Nielson	Advisory Board Member, Plentywood
Connie Nelson	Advisory Board Member, Plentywood
John Christian	Fort Peck Tribal Court Judge
Iris Allrunner	Fort Peck Foster Care Review Committee
Eric Barnosky	CFS Regional Administrator, Region 1
Agency staff:	Linda Martinez, Loy Sprauge, Florence Fourstar, Lara Goss, Merrill Hansen, Kiyo Ruhd, Dennis Tyrrell

#### **Sidney/Glendive Meeting --**

Pam Brodhead	Foster Parent
Linda Battle	AWARE INC.
Joan Brenner	Dawson County OPA
Arlene Blanton	District II Alcohol & Drug
Donna Baker	HOTR Big Sky Ranch
Ralph Lenhart	HD 2 Representative
Martha Young	Dawson County Supt of Schools
Lena Neer	Richland County OPA
Agency Staff:	Holly O'Toole, Jeralyn Selman



# State of Montana Statewide Assessment

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## **NORTH CENTRAL REGION**

Ann-Hagen-Buss	HANDS
Ann Bartell	GFPS Literacy Center
Betsy Cornell	GFPS Parent Involvement
Priscilla Halcro	Quality Life Concepts
Justin Bishop	Interfaith Council
Kristi Tompers	Healthy Mothers Healthy Babies
Gerri Labunetz	Healthy Mothers Healthy Babies
Laurie Ekert	Malmstrom Air Force Base
Carol Keaster	City County Health Department
Nicky Wilkins	City County Health Department
Sally Mathers	GFPS Home Start Program

## **SOUTH CENTRAL REGION**

### **Lewistown --**

Pam Higgins	District IV HRDC
Michelle Feller	LCPC Counseling Services (Advisory Council Chair)
Janet Mann	District IV HRDC – Child Care Resource & Referral
Tara Cutler	District IV HRDC LIEAP/Emergency Services
Cherelee Martin	District IV HRDC – WORC/employment training
Ron Rowton	Fergus County Sheriff
Gary Marks	Foster Parent
Agency staff:	Kevin Frank, Jim Moe

## **SOUTHWESTERN REGION**

Larry Loberg	Advisory Council Chair
Senator Bea McCarthy	Advisory Council Vice Chair
Marko Lucich	Advisory Council Member
Linda Best	Advisory Council Member
Moke Eaglefeather	Advisory Council Member
Pamela Mussard	Advisory Council Member
Terry Murphy	Anaconda PCA, Anaconda
Eric Bryson	Mountain Peaks, Bozeman
Nancy Mitchell	Guardian Ad Litem, Bozeman
Greg Daly	Public Health, Helena
Bryan Fillinger	Police, Bozeman
Jeff Jensen	Butte 4-Cs, Butte
Lara Taffs	Casey Family, Helena
Bill Collins	CASA – Court Appointed Special Advocate, Helena
Gail Mickey	Headstart, Anaconda
Kathy Leary	Headstart, Anaconda

## State of Montana Statewide Assessment

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Roxie Davis  
Anna Marie Barber  
Agency staff:

Anaconda PCA, Drummond  
Domestic Violence Program, Livingston  
Kathy Ostrander, John Ilgenfritz, David Sturm & Colleen Lippke (Helena); Christine Dodrill (Twin Bridges); Steve Hall (Dillon); Katie Warne and Joe Albro (Bozeman); Ronda Belgarde and Mike Clements (Butte); Pat Pomroy (Anaconda); Barbara Broughton (Livingston)

### **WESTERN REGION**

#### **Missoula Meeting --**

Sally Loprina  
Diane Delaney  
Carol Regel  
Charlie Waellenstein  
Marianne Moon  
Sue Talbot  
Agency Staff:

Public Health and Foster Care Provider  
Public Health  
Public Health  
Dept. of Social Work, CRB  
Missoula Co. Public Schools  
CRB  
Shelly Verwolf, Coral Beck, Jeanne Rasmussen,  
Art Dreiling, Teddi Johanssen, Kim Aiken

#### **Kalispell Meeting --**

Sue Gemmell  
Mary Chaboya  
Cindy Schaumberg  
Jerry O'Neil  
Dr. Craig Walker  
Berni McDonald  
Julie Fleck  
Robert Weber  
Marlene Snyder  
Verdell Jackson  
Rod Britney  
Susan Christoffason  
Sheila Smith  
Donna Maddux  
Libby Moothart  
Agency Members:

Partnership to Strengthen Families – Libby  
Partnership to Strengthen Families – Thompson Falls  
Partnership to Strengthen Families – So Lincoln/Sanders  
Senate District 42  
Montana Multisystemic Therapy/Corrections  
Foster Parent/Family Concepts  
Families in Partnership – Eureka, Kalispell  
CCM – Mental Health, Libby  
Whitefish Consultants  
HD 79  
HD 77  
The Nurturing Center  
Stillwater Therapeutic Services  
Flathead County Superintendent of Schools  
Youth Court – Flathead County  
Sandy DeShazer, Deb Grandkoski, Fred Jenneskens, Kim Aiken, Art Dreiling